WEBER STATE UNIVERSITY
Environmental Health & Safety

Confined Space Entry Assessment Form

Entry Identification		
Entry Date:	Space Identification: Nearest Street/Building:	Department:
Entry Purpose: ☐Inspect ☐Diagnose ☐Clean ☐Maintain ☐Construct ☐Install ☐Repair Other (Specify):		

Hazards		
Hazard Type	**Present?**	**Elimination/Isolation/Control Method**
Inwardly sloping walls/floor or inherent fall hazard	☐Yes ☐No	☐ Secured Temporary floor or ladder ☐ Harness/lifeline/attendant require ☐ Guardrail system in place ☐ Scaffold with guardrails
Dry material that can engulf or suffocate (grain, sand, sawdust)?	☐Yes ☐No	☐ Valve blanked or blinded ☐ Space drained/emptied and flushed ☐ Pipe misaligned ☐ Ventilation Method (LEV/forced)
Liquids/steam that could engulf or suffocate?	☐Yes ☐No	☐ Pipe Section Removed ☐ No reasonable expectation for failure or leaks ☐ Line double blocked and bled ☐ Material does not terminate in space
Exposed or live electrical work?	☐Yes ☐No	☐ Locked/tagged out/new/not live ☐ Electrical Qualified Person performing work
Exposed mechanical hazards?	☐Yes ☐No	☐ Properly guarded ☐ Lockout N/A (troubleshoot/diagnose)
Pneumatic/hydraulic hazards?	☐Yes ☐No	☐ Secondary blocking or securing ☐ Safe work practices will be followed
Gravity (ex., Elevator pits/cars)?	☐Yes ☐No	☐ Technical expert oversight required ☐ Appropriate PPE will be worn
Extreme temperatures (heat stress, cold stress, hot surfaces?	☐Yes ☐No	☐ Adequate cool down period of space ☐ Frequent breaks outside of space ☐ Ventilation method selected below ☐ Use of cooling vest/equipment ☐ Insulation ☐ Use of thermal protective equipment
Existing or potentially hazardous atmosphere, including welding/cutting, painting degreasing, chemicals, epoxies, asbestos, lead, etc.?	☐Yes ☐No What? If yes, air monitoring is required at minimum	☐ Natural/cross ventilation is adequate ☐ Air-purifying respirator protection required ☐ Continuous forced air ventilation ☐ Air-supplying respiratory protection required ☐ Local exhaust ventilation ☐ How Work Permit issued; safe work practices ☐ Air monitoring must be conducted ☐ SDS reviewed; safe work practices followed ☐ Project oversight required

Times:							Additional Info	
O_2 (19.5-23.5)							☐ Contact Safety Office for air monitor.	
LEL (<10%)							Name of Tester:	
H_2S (<10ppm)								
CO (<35ppm)							Next Calibration due in:	**Days**
NO_2 (<1ppm)								

Other Equipment
Means of communication: ☐ Voice ☐ Radio ☐ Sight ☐ Other:_____
Equipment: ☐ Non-sparking tools ☐ GFCI ☐ Tripod/wench ☐ Fire extinguisher ☐ Temporary lighting ☐ Warning barrier ☐ Ladder
PPE Required: ☐ Eye/face protection ☐ Gloves ☐ Hard hat ☐ Safety shoes ☐ Protective clothing ☐ Harness ☐ Hearing protection

Emergency Plan
☐ Escape Plan Reviewed ☐ Means of calling 911 on-site ☐ Non-entry rescue equipment in place ☐ Rescue team (fire dept) notified/on site **In case of emergency, call 911 immediately, specify "confined space" emergency, and provide the nearest street or building for location. Send someone out to meet the fire department. Notify the supervisor and begin a reassessment of the space. Notify EHS 801.626.7077**

For the purpose of this entry (check one of the boxes below):

☐ No hazards exit or all hazards have been isolated/eliminated, and the space is non-permit required.

☐ The only hazard is atmospheric and will be controlled through continuous forced air ventilation and air monitoring.

☐ There is a hazard(s) that cannot be isolated/eliminated/controlled and the space is permit-required. **Do Not Enter.** Contact EHS for guidance.

Authorizing Supervisor	Authorized/Trained Attendant (if required)
Authorized/Trained Entrants	

Comments/Special Instructions:	
Entry terminated (date/time):	Supervisor Signature: