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**CONFINED SPACE ASSESSMENT
(Confined Entry Data Sheet)**

Conducted By: _____ **Date:** _____

This form is for evaluation and decision making regarding the existing conditions of the space being reviewed.

1. **Name of Space:** _____

2. **Location of Space:** _____

3. **Does the Space meet the Confined Space definition:** **YES** **NO**

If "YES" complete form and comply with the Confined Space Procedures.

If "NO", complete form to evaluate basic task requirements.

A) (1) Is large enough and so configured that an employee can bodily enter and perform assigned work; and

B) limited means of entry or exit; and

C) is not designed for continuous employee occupancy

4. **Current or last contents of Confined Space Area:**

(attach Material Safety Data Sheet)

5. **Atmospheric testing required for: (check all that may apply)** **Yes** **No**

a) **Oxygen**

b) **Flammable / Combustible gases or vapors**

c) **Potential toxic air contaminants**

d) **Are there atmospheric testing results available for the space being evaluated?**

e) **other (list):** _____

6. **Physical Hazards:** *(check all that may apply)*

- FLAM / COMB VAPORS
- ELECTRIC SHOCK
- RADIATION SOURCES
- HAZARDOUS LIQUIDS
- OTHER _____
- LACK OF OR EXCESS OXYGEN
- INJURY FROM MECH. EQUIP
- SUMP (WATER / OTHER MAT'S)
- BURNS (THERMAL / CHEMICAL)
- FALLS
- ENGULFMENT
- CHANGING CONDITIONS



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7. Safety Equipment Required: (check all that may apply)

Priority Items

- AIR PACKS, AIRLINE RESPIRATORS, HARNESS / LIFELINES, LIGHTS, GROUND FAULT (GFCI), RESCUE SERVICES, LOCKOUT TAGOUT LIST, ISOLATION POINT LIST

- GLOVES, RUBBER BOOT, FACE SHIELD, GOGGLES, WRISTLETS, LANYARD, FLEXIBLE LADDERS

Additional Items

- CHEMICAL SUIT, CARTRIDGE RESPIRATOR, SAFETY SHOWER/EYEWASH, RADIO, P.A.S.S. UNIT, ATMOSPHERIC TEST EQUIP

8. Number of Attendants required:

Outside Area (minimum of one)

Inside Areas (maintain line - of - sight)

9. Type of Ventilation to be provided: (check all that may apply)

- COPUS BLOWER, AIR HORN, FAN, VENTILATION DUCTS REQUIRED, AIR CONDITIONED "AIR" REQUIRED, NATURAL or CHIMNEY EFFECT

- Location(s): 1) 2) 3) 4)

10. Location of Entry Points AND Entry Signs into Space:

- 1) 2) 3) 4)

Total number of signs required to be posted:

11. Special Precautions (e.g., fall protection, chemicals protection, mechanical hazards)

12. GENERAL COMMENTS REGARDING THE EVALUATED CONFINED SPACE :