

Confined Space Evaluation Form

Space number:	

Please return to EHS.

Name:						Date:			
Job Title:		Phone:		Shop:	Shop:				
Building/Area:		Room #:		Key#:	Key#:				
Description of Space:		Responsible Party:							
*A competent person must complete the evaluation.									
Check if the following statements apply to the space being evaluated:									
☐ Large enough and arranged so an employee could fully enter the space and work									
The space has limited or restricted entry or exit									
☐ The space is not primarily designed for continuous human occupancy									
If you checked yes to all three op	otions, the space is a co	onfined spa	ce. Confined	I Space	☐ Not	a Confined	Space		
Permit required confined space:									
Contains or has a potential to contain a hazardous atmosphere									
Contains a material with the potential for engulfing someone who enters									
☐ Has an internal configuration that could allow someone entering to be trapped or asphyxiated									
Contains a physical hazard or any other health safety hazard that could impair the ability to self-rescue, or result in a situation of immediate danger of life or health									
☐ Mechanical ☐ Chemid	cal 🔲 Thermal	☐ Elec	ctrical						
☐ Biological ☐ Steam	☐ Gravity	☐ Hyd	raulic						
☐ Pneumatic ☐ Other									
If you checked one or more of the above, the space is a Permit Requ Confined Space.		luired	☐ Permit Required Confined Space						
			☐ Not Permit f			Required Confined Space			
Current status:									
Is the area currently posted as a	Confined Space?					Yes	No		
Is the area currently posted as a	Permit Required Confin	ed Space?)			Yes	No		

Questions? Contact ASU Environmental Health and Safety at 480-965-1823 or email asuehs@asu.edu.