



# NRAO Department of Environmental Safety & Security Confined Space Assessment Form

PERMIT \_\_\_ NON-PERMIT \_\_\_

## SPACE INFORMATION

Name/ Location: \_\_\_\_\_

Space Description and Use: \_\_\_\_\_

Space Signage:  Yes  No

Barriers:  Yes  No

Locks:  Yes  No

Other: \_\_\_\_\_

CONFINED SPACE ASSESSMENT CRITERIA – If yes to ALL of the following, the space IS a confined space.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Is the space large enough for an employee to enter and perform work?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the space <u>not</u> designed for occupancy for extended periods of time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does entry and/or egress limit or present difficulty in event of an emergency? | <input type="checkbox"/> | <input type="checkbox"/> |

**IF ANY of the following are “YES”, the space must be designated as a permit required confined space!**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Does the space have any potential for a hazardous atmosphere?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the space contain a material or liquid that could engulf an entrant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the internal space configuration present the hazard of entrapment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the space contain any other recognized safety and or health hazard?  | <input type="checkbox"/> | <input type="checkbox"/> |

**DIMENSIONS OF SPACE:** Depth/Height: \_\_\_\_\_ Width/Inner Diameter: \_\_\_\_\_

Length: \_\_\_\_\_ Elevated: \_\_\_\_\_ Above Ground: \_\_\_\_\_ Below Ground: \_\_\_\_\_

**DIAGRAMS OR PHOTO OF SPACE:**

**ANTICIPATED RESCUE:** Vertical Extraction \_\_\_\_\_ Horizontal Extraction \_\_\_\_\_ Other: \_\_\_\_\_

PRESENT	HAZARDS	REMARKS / COMMENTS
	Oxygen Deficiency/Enrichment	
	Oxygen Displacement / Poor Ventilation	
	Flammable/Combustible Gases or Vapors	
	Toxic Gases or Vapors	
	Airborne Combustible Dusts	
	Chemical Hazards including Solvents, Paints and Glue	
	Mechanical Hazards	
	Electrical Hazards	
	Respiratory Hazards	
	Engulfment Hazards	
	Entrapment Hazards	
	Fall Hazards	
	Combustion Gases	
	Hot/Cold Hazards	
	Radiation Hazards	
	Biological Hazards	
	Toxic Liquids	
	Potential High Liquid Level	
	Other	

**AUTHORIZATION:**

I certify that I have conducted a confined space assessment of the above-designated space. To the best of my knowledge, I believe the information contained herein to be true and accurate as of the time of the assessment.

NAME (Print):  
 (Site Safety Representative)

SIGNATURE:

DATE:

TIME:

FURTHER DETAIL ON ATTACHMENTS?  YES  NO

**Return the Completed Form to:** ES&S Site Safety Division  
**Copy to:** NRAO ES&S Admin Support – Diana Torres: dltorres@nrao.edu