UNIVERSITY OF WASHINGTON

CONFINED SPACE EVALUATION FORM

ENVIRONMENTAL HEALTH & SAFETY

Your Name		Date
Job Title	Phone	Shop

Please fill out the following information for the area you would like evaluated.

Building/Area	Room #
Location	Key #

CONFINED SPACE AND PERMIT REQUIRED CONFINED SPACE

This section must be filled out for both CS (Confined Space) and PRCS (Permit Required Confined Space).

	YES	NO
SIZE: Can a person get completely inside the space?	☐	☐
ACCESS/EGRESS: Can a person walk in or out standing up?	☐	☐
OCCUPANCY: Is the space designed for continuous human occupancy?	☐	☐

PERMIT REQUIRED CONFINED SPACE

HAZARD:	YES	NO
Is the atmosphere flammable, toxic or contain too much or too little oxygen?	☐	☐
Is there potential for engulfment?	☐	☐
Is it shaped so that you could be trapped?	☐	☐
Are there other safety or health hazards? (mechanical, chemical, thermal, electrical, etc.)	☐	☐

CURRENT STATUS

	YES	NO
Is the area currently posted as a Confined Space?	☐	☐
Is the area currently posted as a Permit Required Confined Space?	☐	☐

FOR HAZARD ASSESSMENT/EH&S USE ONLY

☐ ***Not a Confined Space***

☐ ***Confined Space***

☐ ***Permit Required Confined Space***

Verified by:_____ Date _____

Verified by:_____ Date _____

Comments:

RETURN TO HAZARD ASSESSMENT COORDINATOR, BOX 354285