| AIRDE Mechanical Services | **CONFINED SPACE EVALUATION SURVEY**<br><br>**MSF-006** | **NOV. 2017** |
|---|---|---|

**Project ID**:_____**Date**:_____

**Location**:_____**Dimensions**:_____

**Description**:_____

_____

**Type of Evaluation**: (Check One): **Initial**__☐__ **Re-evaluation**__☐__ (see Osha 190.146(b)

If no, evaluation is complete and space is not a confined Space. Sign, date, & file the evaluation form. (return to Airde Operations Coordinator)

If yes, determine if the space is a **Non-Permit Confined Space** or a **Permit-Required Confined Space.**

**Hazard Identification: Select Yes or No**

**Atmosphere Hazard: Yes**__☐__**No**__☐__: e.g. oxygen deficiency or enrichment; toxic air contaminants; combustible gases, vapors, or particulate; rust formation; biological decomposition; exhaust from internal combustion engines; etc.

**Describe:**_____

**Chemical Contact: Yes**__☐__**No**__☐__: e.g. acids, solvents, vapors, fumes, flammables: etc.

**Describe**:_____

**Electrical Hazard: Yes**__☐__**No**__☐__: e.g. lines and cables, transformers, capacitors, relays, switch gear, exposed terminals, etc.

**Describe**:_____

**Biological Hazard**: **Yes**_☐_**No**_☐_ e.g. sewage, storm drains, waste or water, blood or other bodily fluids, live/dead animals, etc.

**Describe**:_____

**Environmental Hazard**: **Yes**_☐_**No**_☐_ heat stress, cold stress, slippery surfaces; lighting; potential for insects, flooding due to groundwater, tide, or rain, etc.

**Describe**:_____

**Hazardous Materials**: **Yes**_☐_**No**_☐_ e.g. pressurized fluids in chemical piping or hydraulic systems, residual process chemicals, etc.

**Describe**:_____

**Ignition Source Hazard**: **Yes**_☐_**No**_☐_ e.g open flames, heat sources, frictional sparks, non-hazard classified electrical equipment, welding/cutting, hot riveting, hot forging, static discharge, grinding, chopping, etc.

**Describe**:_____

**Mechanical Hazard**: **Yes**_☐_**No**_☐_ e.g. agitators, blenders, stirrers, conveyors, unguarded belts, unguarded fans, etc.

**Describe**:_____

**Noise Hazard**: **Yes**_☐_**No**_☐_ e.g. posted high noise level area, fans and blowers, noise from work operations in space, or nearby equipment, etc.

**Describe**:_____

**Physical Hazards**: **Yes**__☐__**No**__☐__ e.g. falls, engulfing material such as liquids or flowing particles, entrapment due to confined space configuration, access, etc.

**Describe**:_____

**Process Hazards**: **Yes**__☐__**No**__☐__ e.g contaminant producing activities in or around the space such as sandblasting, painting, or other unique process activities.

**Describe**:_____

**Radiation Hazard**: **Yes**__☐__**No**__☐__ e.g. lasers, welding flash, RF and microwaves, radioactive sources, etc.

**Describe:**_____

**Traffic Hazard**: **Yes**__☐__**No**__☐__ e.g. pedestrian, public walk way forklifts, etc.

**Describe**:_____

**Yes**_____**No**_____**Other**:

**Describe**:_____

_____

**Oxygen Context:**_____%**H2S**:_____**PPM**

**Flammability (LEL)**_____%**CO**:_____**PPM**

The space has been determined to be (check one):

☐ Not a confined space

☐ Non-Permit confined space

☐ Permit-required confined space

If a confined space is the appropriate sign posted? **Yes** ☐ **No** ☐

If **No**, contact the Confined Space POC. Sign provided? **Yes** ☐ **No** ☐

This space has been inspected and evaluated for the purpose of determining the permitting status as a confined space. Work in this space must be **further evaluated prior to entry** as the status may change based on new conditions or the work performed.

Sign:_____ Date:_____

**Evaluator**