CONFINED SPACE PROGRAM

SOP 516-138S-010

Bay Pines VA Healthcare System
Bay Pines, FL. 33744

Service Line(s):
Facility Management Service

Signatory Authority:
Healthcare System, Associate Director

Effective Date:
May 1, 2023

Responsible Owner:
Chief, Facility Management Service

Recertification Date:
May 31, 2028

1. PURPOSE AND AUTHORITY

a. The purpose of this standard operating procedure (SOP) is to establish procedures on all individuals entering confined spaces adhere to established safety practices and utilize required confined space entry equipment. This SOP must be followed by all employees, visitors, vendors, and contractors that has been granted confined space permission within the Bay Pines VA Healthcare System (BPVAHCS).

b. This SOP sets forth mandatory procedures and processes to ensure compliance with the National Institute of Occupational Safety and Health (NIOSH) Publication #80-160 and 29 CFR 1910.146.

2. PROCEDURES

a. <u>Workplace Evaluation</u>.

(1) The Healthcare System has identified confined spaces on its campus. Some of these spaces meet the criteria of a permit-required confined space. Appendix B contains a list of confined spaces which are under the control of the facility.

(2) The facility informs exposed employees of the presence of confined spaces by posting danger signs or by any other equally effective means.

(3) When there are changes in the use or configuration of a space that might increase the hazards to the entrants, the facility reevaluates that space and, if necessary, reclassifies it as a confined space.

b. <u>Identification</u>.

(1) Examples of Permit-required confined spaces are underground fuel storage tanks, lift stations, laundry dryers, water storage tanks, all manholes, air handling units, dock levelers and boilers. Boilers are permit required confined spaces if entry into the boilers is completed through a manway/hatchway. Boilers are not permit required confined spaces when the entire end shell of the boiler is removed for entry/work.

(2) Signage: All permit-required confined space entrances must be properly secured and permanently marked except for manhole covers as follows:

D A N G E R

C O N F I N E D S P A C E

E N T R Y BY P E R M I T O N L Y

(3) All manholes are considered to be permit-required confined space.

(4) Signs must remain in place until tests and observations indicate entry is safe.

c. Employee Entry. Before an employee enters the space, the internal atmosphere is tested with a calibrated direct-reading instrument for oxygen content, for flammable gases and vapors, and for potential toxic air contaminants, in that order.

d. Acceptable Atmospheric Levels.

(1) The following atmospheric levels must be present (except as discussed at item F) to authorize entry into permit-required confined spaces:

(a) Oxygen content between 19.5% - 23.5%; and note that excessive rusting may be indicative of low oxygen limits;

(b) Flammable gases and vapors below 10% of the lower flammability limit (LFL);

(c) Toxic air contaminants as follows:

1. Carbon monoxide levels below 35 parts per million (ppm); and/or

2. Hydrogen Sulfide levels below 10 ppm.

3. Entry is not authorized when any of the following conditions are present:

a. Any hazardous material over the permissible exposure level (PEL).

b. Airborne dust that obscures vision at 5 feet or less

c. Any other known condition that has the potential to create a hazard.

e. Sampling Device.

(1) **Device requirements.**

(a) A calibrated, direct readout device is used which simultaneously tests for the levels of the substances listed in C above, without manual switching.

(b) Device is equipped with audible and visible warning device which indicates when an atmosphere of a confined space has:

1. An oxygen content of less than 19.5% or greater than 23.5%;

2. A combustible gas content of 10% or more of the lower explosive limit;

3. A hydrogen sulfide content of 10ppm or more, or a carbon monoxide content of 35ppm or more.

(2) **Calibration.**

(a) The device is calibrated per the manufacturer's recommendation or at least every six months and before each use.

(b) The device is calibrated relative to the oxygen content of ambient air at the time of the sampling. Calibration of the sampling device relative to the oxygen content is to be performed where the 20.9% natural content of oxygen in the air is most likely to occur. This calibration is not to be performed near the opening of a confined space.

(c) Sampling devices are calibrated in accordance with manufacturer specifications before each use.

(d) The battery charge is to be monitored on a periodic basis to ensure that the device is ready to be used when needed. At least two devices are to be constantly plugged in with an A/C adapter.

(3) **Use.** The MSA Altair 4 Gas Monitor is used to sample the confined space prior to entry. When the entry is through a manhole, a probe is inserted through the pick hole of the cover, or the manhole is pried open on the downwind side to allow just enough room for insertion of the probe or device.

f. Ventilation. If a confined space does not meet the requirements listed under F above, the space is ventilated and is entered only when atmospheric sampling indicates an atmosphere within acceptable limits, as defined in section C. The atmosphere within the space is then continuously tested as necessary to ensure that the continuous forced air ventilation is preventing the accumulation of a hazardous atmosphere.

g. Supplied Air. If the space cannot be brought within the limits specified at section F, the space may be entered if a self-contained positive air positive pressure breathing apparatus is used. A Type C air line respirator with an escape air tank with an

adequate supply of air to exit the confined space and a maximum of 300 feet of air line hose may also be used. An approved air purifying respirator may be used in atmospheres which do not have the potential to be immediately dangerous to life or health

h. Control of Hazardous Energy. Prior to entry, the Entry Supervisors are to conduct an evaluation of all potential stored energy sources affecting the confined space. Examples of stored energy include, but are not limited to, piped water, piped steam, electrical components, hydraulically operating equipment, thermal sources, etc. Lock-Out/Tag-Out procedures have been developed for stored energy sources at the facility, and the prescribed procedures are to be conducted to ensure the safety of the entrants.

i. Entry Procedures.

(1) The following are general entry requirements. Space specific procedures/permits have been created and can be found in Appendix B. The signed, authorized permit will be posted at the confined space entry, and a copy to be provided to the Office of Safety & Emergency Management.

(2) The duration of any permit may not exceed the time required to complete the assigned task or job identified on the permit. Since conditions may change in the confined space due to the work being conducted, any task exceeding one shift or one day is recommended to have a permit issued each day.

(3) Performing entry into or work in a Permit-required Space

(a) Confined Space Entry Permit Guidelines.

1. The process begins by obtaining a confined space entry permit by contacting the Office of Safety & Emergency Management.

2. Contact the Seminole Fire Department, Communications Center, and BPVAHCS Emergency Department prior to entry.

3. All employees who have a function in the process must be listed in the permit and the entry supervisor must sign the permit.

4. The completed entry permit must be posted near the location of all entries.

5. The permit is valid until the job is completed or the work crews or shifts change. A new work crew must complete their own permit before entering the confined space.

6. All equipment used for the confined space entry must be inspected prior to the entry to ensure that it is in working order.

7. The completed permits are to be forwarded to the Office of Safety and Emergency Management where they are retained on file for a minimum of three years.

8. As part of the process, a pre-entry briefing should be held to ensure that all employees participating are knowledgeable about the entire procedure and the conditions that are present at the time of entry.

9. If there are multiple employers working in a confined space, they must coordinate their efforts and exchange information so that the work of one does not create a hazard for another.

(b) Working in a Confined Space.

1. The atmosphere within the authorized entrant's immediate area is continuously monitored for oxygen, hydrogen sulfide, carbon monoxide, and combustible gas.

2. Signals from the monitoring device will immediately indicate when the atmosphere is not within the air quality limits specified in section f.

3. While in the confined space, if the air quality fall outside any of the air quality limits specified in section f, the authorized entrant is to immediately exit the confined space.

4. Ventilation is not used in lieu of monitoring devices. An employee may not enter the space until forced ventilation has eliminated any hazardous atmosphere. When forced air ventilation is used, it is so directed as to ventilate the immediate areas where an authorized entrant is or will be present within the space and will continue until all entrants have left the confined space. The air supply for forced air ventilation is from a clean source and may not increase the hazards in the confined space. Note: *in a combustible atmosphere, static discharge from forced ventilation could become an ignition source.*

5. No employee may enter a confined space without at least one attendant stationed at the entrance of the confined space. The attendant must be in place for the duration of the entry.

6. When the entry into a confined space is by means of a top opening (manhole) which is more than 5 feet deep, a mechanical retrieval device must be available for rescue attempts prior to entry.

7. While in a confined space, the attendant has voice or other means of communication with the entrant.

8. An authorized entrant entering vertically into a confined space wears a full body harness secured to a retrieval line.

(c) Work Involving Multiple Employee(s). When working with another employee(s) where more than one employee performs confined space entry, the BPVAHCS:

1. Apprises the other employee of the elements, including the hazards identified and each employee's experience working in the space, that makes the space in question a confined space and;

2. Coordinates entry operations with the other employee when personnel from both departments/sections are working together in or near confined spaces.

j. Rescue.

(1) Non-entry rescue is to be used at BPVAHCS. Participants are not to perform entry rescue.

(2) Confined Space Rescue Service is provided by contract with the City of Seminole Fire Department.

(3) The Entry Supervisor, or designee, will notify the Seminole Fire Department (727) 588-4761 on the day of, and prior to, entry into a permit-required confined space for the purpose of putting the fire department rescue team on alert.

(4) The non-entry rescue procedure is provided on the permit for each space.

k. Training.

(1) **Training Content**. Affected employees are trained and equipped to recognize, understand, and control the hazards that may be encountered in confined spaces. This training includes:

(a) Training on the entry procedure established by the Program.

(b) Training on the implementation and use of required respiratory protection as well as the training requirements in the BPVAHCS Respiratory Protection Program.

(c) The duties of their assigned job – Authorized entrant, attendant and/or entry supervisor.

(d) The contents of this Program.

(2) **Training Requirements/Schedule.**

(a) The training is conducted in a manner which establishes employee proficiency in the duties required by this Program and will introduce new or revised procedures, as necessary, for compliance with this Program. Documented training is maintained in the employee's file, training record, or contract packet if a vendor/contractor.

(b) Training is provided:

1. Before an employee is first assigned duties covered by this program.

2. Before there is a change in assigned duties covered by this program.

3. Whenever there is a change in confined space operations that presents a hazard about which an employee has not been previously trained.

(c) BPVAHCS shall certify that the training required by paragraphs (g)(1) through (g)(3) of 29 CFR 1910.146 has been accomplished for each employee that is assigned any responsibilities under the confined space program. The certification shall contain each employee's name, the signatures or initials of the trainers, and the dates of training. The certification shall be available for inspection by employees and their authorized representatives. A copy of the certifications will be maintained within the Office of Safety and Emergency Management and entered into Talent Management System (TMS) as part of the permanent record of training for each employee.

(d) Affected employees will practice making permit space rescues at least once every 12 months, by means of simulated non-entry rescue operations in which they remove dummies, manikins, or actual persons from the actual permit spaces or from representative permit spaces. Representative permit spaces shall, with respect to opening size, configuration, and accessibility, simulate the types of permit spaces from which rescue is to be performed.

(3) **Other requirements.**

(a) Personal protective equipment required under this program is provided by the BPVAHCS and used by affected personnel. Use is mandatory.

(b) Smoking within 10 feet of a confined space is prohibited.

(c) When entrance covers are removed, the opening is promptly guarded by a railing, temporary cover or other temporary barrier that will prevent an accidental fall through the opening.

I. Duties of Authorized Personnel.

(1) **Duties of Authorized Entrants.**

(a) Be cognizant of the hazards which may be faced during entry, including information on the mode, signs or symptoms, and consequences of the exposure.

(b) Properly use the equipment.

(c) Communicate with the attendant as necessary to enable the attendant to alert entrants of the need to evacuate the space.

(d) Alert the attendants whenever:

1. the entrant recognizes any warning sign or symptom of exposure to a dangerous situation; or

2. the entrant detects a prohibited condition.

(e) Exit from the confined space as quickly as possible whenever:

1. An order to evacuate is given by the attendant or the entry supervisor;

2. The entrant recognizes any warning sign or symptom of exposure to a dangerous situation; or

3. The entrant detects a prohibited condition; or

4. An evacuation alarm is activated.

(2) **Duties of Attendants.**

(a) Be cognizant of the hazards which may be faced during entry, including information on the mode, signs or symptoms, and consequences of the exposure.

(b) Is aware of possible behavioral effects of hazard exposure in authorized entrants.

(c) Continuously maintains an accurate count of authorized entrants in the confined space and ensures that the means used to identify authorized entrants accurately identifies who is in the space.

(d) Remains outside the confined space during entry operations until relieved by another attendant.

(e) Communicates with authorized entrants as necessary to monitor entrant status and alert entrants of the need to evacuate the confined space.

(f) Monitors activities inside and outside the confined space to determine if it is safe for authorized entrants to remain in the space and orders the entrants to evacuate the space immediately under any of the following conditions:

1. If the attendant detects a prohibited condition.

2. If the attendant detects the behavioral effects of hazards exposure in an authorized entrant.

3. If the attendant detects a situation outside of the confined space that could endanger the authorized entrants.

4. If the attendant cannot effectively and safely perform all the duties required.

(g) Summon rescue and other emergency services as soon as the attendant determines that the authorized entrants need assistance to escape from confined space hazards.

(h) Takes the following actions when unauthorized persons approach or enter a confined space while entry is underway:

1. Warn the unauthorized person that they must stay away from the confined space.

2. Advise the unauthorized person that they must exit immediately if they have entered the confined space; and

3. Inform authorized entrants and the entry supervisor if unauthorized persons have entered the confined space.

(i) Perform non-entry rescues as specified by the rescue procedure.

(j) Performs no duties that might interfere with the attendant's primary duty to monitor and protect that authorized entrants.

(3) **Duties of Entry Supervisors.**

(a) Supervisors will pre-plan rescue procedures prior to entry, emphasizing self-rescue and non-entry rescue procedures, with the entrant(s) and attendant(s).

(b) Know the hazards which may be faced during entry, including information on the mode, signs or symptoms, and consequences of exposure.

(c) Verifies that all required tests have been conducted and that all required procedures and equipment are in place before allowing entry to begin.

(d) Terminates the entry when the entry operations have been completed or when a dangerous condition arises in or near the confined space.

(e) Contacts the City of Seminole Fire Department at 727-588-4761, on the day of and the day prior to permit required confined space entry.

(f) Verifies that rescue services are available and that the means for summoning them (via cell phone or two-way radio to VA Police) are operable.

(g) Removes unauthorized individuals who enter or attempt to enter the confined space during entry operations.

(h) Determines, whenever responsibility for entry operation is transferred and at intervals dictated by the hazards and operations performed within the space, that entry operations performed within the space remain consistent with the criteria of this Program.

m. Employee Participation.

(1) BPVAHCS has consulted with affected employees and their authorized representatives on the development and implementation of all aspects of this permit-required space program.

(2) All affected employees and their authorized representatives have access to this program at any time. The program is located in green Safety Manuals located in administrative areas of all Services.

n. Program Evaluation.

(1) Compliance with this program is evaluated on an ongoing basis by all personnel and any deficiencies should be reported to the Chief, Engineering and the Occupational Health and Safety Manager.

(2) Annually, a formal evaluation is conducted by the Office of Safety & Emergency Management using cancelled permits. All entries are reviewed, and revisions made to the program as necessary as a result of this assessment. Recording and update of such evaluation is a part of the EOCC and reflected in EOCC minutes at least annually.

3. ASSIGNMENT OF RESPONSIBILITIES

a. Chief, Safety Office (FMS).

(1) Maintain accurate and current records of locations and appropriate classification of all confined spaces within the BPVAHCS. Records are to be reviewed annually and such reviews are provided to Space Committee and Environment of Care Committee (EOCC).

(2) Regulates, monitors, and issues confined space permits for employee activities, or assign an entry supervisor.

(3) Maintains a current log of all permits required confined space entries within the BPVAHCS.

(4) Approves a permit when acceptable environmental conditions exist.

(5) Provides final approval of the Confined Space Entry Permit.

(6) Reviews entry operations when there is reason to believe procedures are not protective and revises the program to correct deficiencies.

(7) Acts as technical advisor for this Program and coordinates training.

(8) When needed, monitors permit-required confined spaces before and during entry. Employees who will be entering the permit-required confined space will be allowed to observe the monitoring. Approves a permit when acceptable environmental conditions exist.

b. Chief, Facilities Management Service and Facilities Management Service Supervisors (or Entry Supervisors).

(1) Enforces compliance.

(2) Initiates the Confined Space Entry Permit request and coordinate the inspection and monitoring of the permit-required confined space.

(3) Identifies on the permit, by name, those employees permitted to enter the permit-required confined space.

(4) Identifies an appointed entry attendant.

(5) Approves a permit when acceptable environmental conditions exist.

(6) Provides final approval of the Confined Space Entry Permit.

c. Facilities Management Service (FMS) employees.

(1) Do not enter “PERMIT REQUIRED” confined space without a permit.

(2) Communicates with contractors that all elements of this Program are to be adhered to.

(3) Follows all elements of the Confined Space Program.

d. The Occupational Safety and Health Manager / Chief, Facilities Management Service. Will ensure contractors are fully informed of confined spaces that contract specifications meet current OSHA standards and that the contractor has his own trained confined space rescue team.

4. DEFINITIONS

a. Attendants. Individuals stationed outside one or more permit spaces who monitors the authorized entrants and who performs all attendant's duties assigned in the confined space program.

b. Authorized Entrant. An individual who is authorized by the employer to enter a permit space.

c. Class "A" Confined Space (NIOSH). An area with the following:

(1) An immediate danger to life.

(2) Rescue procedures that require the entry of more than one individual fully equipped with life support equipment.

(3) Maintenance of communication requires an additional standby person stationed within the confined space.

d. Class "B" Confined Space (NIOSH). An area with the following:

(1) A dangerous environment but not immediately life threatening.

(2) Rescue procedures that require the entry of no more than one individual fully equipped with life support equipment.

(3) Requires indirect visual or auditory communication with workers.

e. Class "C" Confined Space (NIOSH). An area with the following:

(1) Potential hazard.

(2) No modification of work procedures required.

(3) Standard rescue procedures.

(4) Direct communication with workers from outside the confined space.

f. Confined Space (OSHA). A space that:

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

(2) Has limited or restricted means for entry or exit (for example, tanks, vessels, silos, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry); and

(3) Is not designed for continuous employee occupancy.

g. Confined Space Hazards.

(1) Atmospheric hazards include, but are not limited to, oxygen deficiency, combustible environment, flammable environment, explosive environment, or toxic gases/vapors/ dusts/mists.

(2) Physical hazards include, but are not limited to, unguarded machine parts, thermal hazards, exposed electrical circuits, slip/fall hazards, engulfment, entrapment, hazardous chemicals, biological agents, noise, and vibration.

(3) Other possible hazards include rodents/snakes/spiders/stinging insects, poor lighting, wind, and weather.

h. Entry Supervisor. The individual responsible for determining if acceptable entry conditions are present at a permit space where entry is planned, for authorizing entry and overseeing entry operations, and for terminating entry as required.

i. Non-permit Confined Space (OSHA). A confined space that does not contain or, with respect to atmospheric hazards, have the potential to contain any hazard capable of causing death or serious physical harm.

j. Permit-required Confined Space (OSHA). A confined space that has one or more of the following characteristics:

(1) Contains or has the potential to contain a hazardous atmosphere.

(2) Contains a material that has the potential for engulfing an entrant.

(3) Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross section.

(4) Contains any other recognized serious safety or health hazard.

5. REFERENCES

a. 29 CFR 1910.146.

b. National Institute of Occupational Safety and Health (NIOSH) Publication #80-106

6. REVIEW: Review will be completed at recertification.

7. RECERTIFICATION: This SOP is scheduled for recertification on or before the last working day of May 2028. In the event of contradiction with national policy, the national policy supersedes and controls.

8. SIGNATORY AUTHORITY

SEAN TURNER Digitally signed by SEAN TURNER Date: 2023.10.03 14:01:23 -04'00'

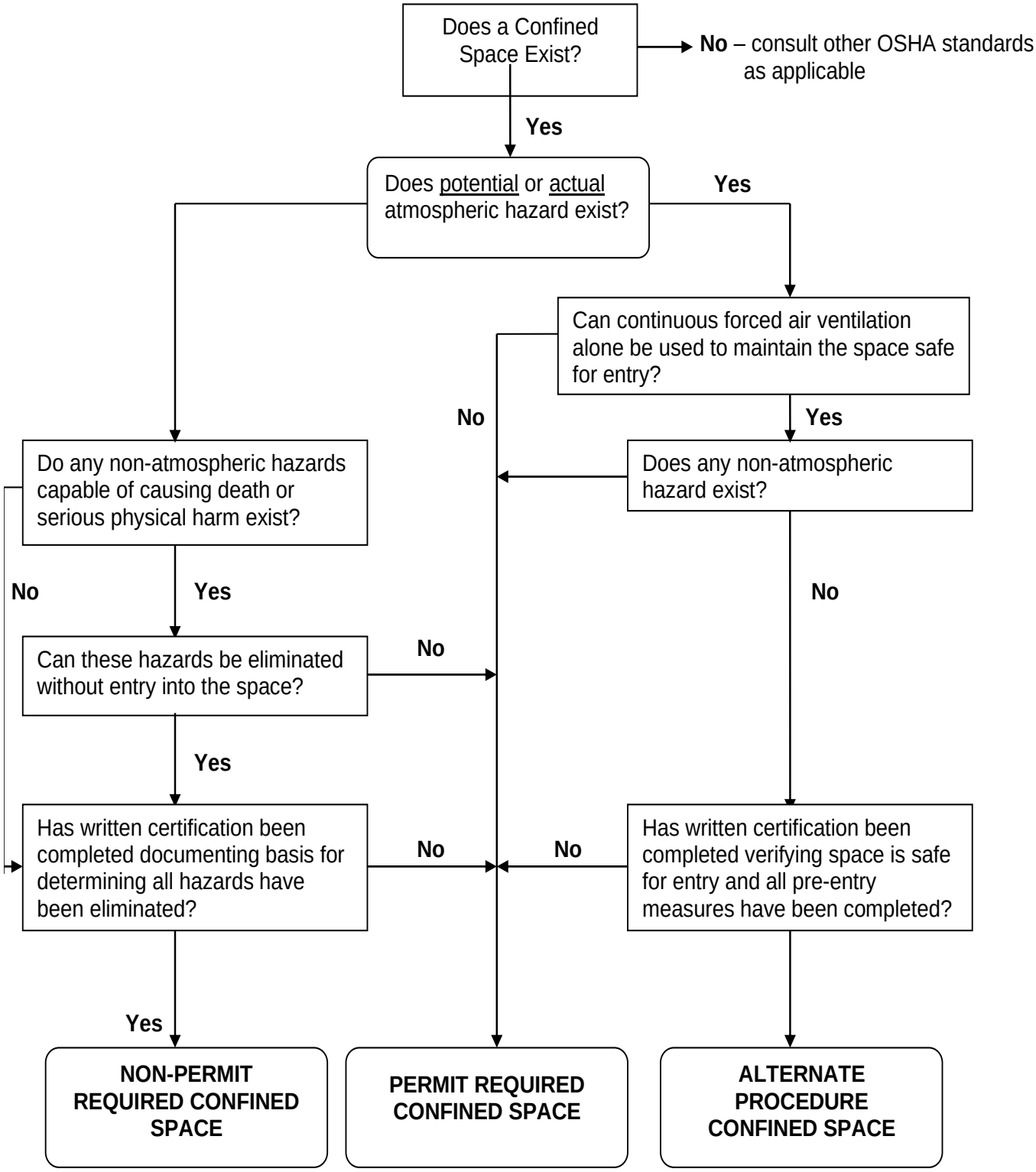
SEAN N. TURNER
Associate Director
Date Approved:

NOTE: *The signature remains valid until rescinded by an appropriate administrative action.*

DISTRIBUTION: The SOP are available at https://dvagov.sharepoint.com/sites/vhabaydocware/sops/SOP/Forms/AllItems.aspx

APENDICES

CONFINED SPACE CLASSIFICATION FLOWCHART



BAY PINES VAHCS CONFINED SPACE INVENTORY

Building Location	Name of Space	Entry	Atmos. Hazard	Engulf Hazard	Internal Config?	Other Haz	Permit Required	Procedure/ Permit #	Who Enters *	Sign**
1	Air Handling Units	Yes	No	No	No	No	No	001	BP EE	DCS
13	Boilers	Yes	No	No	No	Yes	Yes	002	C	DCS/EPR
13	Cart Washer	Yes	No	No	No	No	No	003	BP EE	DCS
13	Colmac steam cabinet	Yes	No	No	No	No	No	004	BP EE	DCS
13	Reuse Water Tank	No	No	No	No	No	No	005	C	DCS
13	Air Handling Units	Yes	No	No	No	No	No	006	BP EE	DCS
13	Reuse Water Pits	Yes	No	Yes	No	Yes	Yes	007	BP EE	DCS/EPR
20	Air Handling Units	Yes	No	No	No	No	No	008	BP EE	DCS
22	Air Handling Units	Yes	No	No	No	No	No	009	BP EE	DCS
23	Air Handling Units	Yes	No	No	No	No	No	010	BP EE	DCS
37	Air Handling Units	Yes	No	No	No	No	No	011	BP EE	DCS
71	Air Handling Units	Yes	No	No	No	No	No	012	BP EE	DCS
100	Boilers (3)	Yes	No	No	No	Yes	Yes	013	C	DCS/EPR
100	Chillers	No	No	No	No	No	No	014	C	DCS
100	Chiller Pool	Yes	No	Yes	No	Yes	Yes	015	BP EE	DCS/EPR
100	Condensate Tanks	No	No	No	No	Yes	Yes	016	C	DCS/EPR
100	Air Handling Units	Yes	No	No	No	No	No	017	BP EE	DCS
101	Air Handling Units	Yes	No	No	No	No	No	018	BP EE	DCS
102	Air Handling Units	Yes	No	No	No	No	No	019	BP EE	DCS
Grounds	Manholes	Yes	Yes	Yes	No	Yes	Yes	020	C	DCS/EPR
Grounds	Utility Vaults	No	Yes	No	No	Yes	Yes	021	C	DCS/EPR
Grounds	Steam Pits	Yes	No	No	No	No	No	022	BP EE	DCS
By 103	Water Tanks (2)	Yes	No	Yes	No	No	No	023	BP EE	DCS
Various	Crawlspaces	Yes	No	No	Yes	No	No	024	BP EE	DCS
Various	Ducts	No	No	No	No	No	No	025	C	DCS
Various	Pipe/Duct Chases	No	No	No	No	No	No	026	C	DCS

*__BP EE__: Bay Pines Employees *__C__: Contractor(s) **__DCS__: Danger Confined Space **__DCS/EPR__: __DCS__/Entry Permit Required.

CONFINED SPACE ENTRY PERMIT/CHECKLIST

Procedure #			
Space Name:		**Location:**	
Date Created:		**Revision Date:**	

1. BASIC ENTRY INFORMATION		**2. PURPOSE OF ENTRY***
Date Issued:		
Time Issued:	AM or PM (Circle One)	
Date Expires:		
Time Expires:		
Entry Supervisor:		

*****If "hot work" is to be conducted, complete and attach a "Hot Work Permit" to this form*****

3. HAZARD ABATEMENT

Check off each hazard as it is abated

HAZARD OF CONFINED SPACE		**ABATEMENT METHOD**
1.	❒ Electrical Hazard	
2.	❒ Oxygen deficiency	
3.	❒ Combustible gas/vapor	
4.	❒ Combustible dust	
5.	❒ Toxic fumes	
6.	❒ Carbon Monoxide	
7.	❒ Toxic gas/vapor	
8.	❒ Hydrogen Sulfide	
9.	❒ Skin- chemical hazards	
10.	❒ Mechanical hazards	
11.	❒ Engulfment hazards	
12.	❒ Entrapment hazards	
13.	❒ Thermal hazards	
14.	❒ Slip or fall hazards	
15.	❒ Others	

4. ATMOSPHERIC MONITORING (continue next page)

❒ **Gas monitor was tested/calibrated in fresh air prior to use**

Indicate where monitor will be located during entry:

Purpose	**Time**	**Oxygen** 19.5% to 23.5%	**Explosive** < 10% LFL	**CO** < 35 ppm	**H_2S** <10 ppm	**Other Hazard**	**Tester Signature**
Initial:							
After Ventilation:							

Purpose	Time	Oxygen 19.5% to 23.5%	Explosive < 10% LFL	CO < 35 ppm	H_2S <10 ppm	Other Hazard	Tester Signature
Initial:							
After Ventilation:							
Initial:							
After Ventilation:							
Initial:							
After Ventilation:							
Initial:							
After Ventilation:							
Initial:							
After Ventilation:							
Initial:							
After Ventilation:							
Initial:							
After Ventilation:							
Initial:							
After Ventilation:							

5. PERSONNEL LIST

Authorized Entrant(s)			Authorized Attendant(s)		
Name	**Number**	**Trained?**	**Name**	**Number**	**Trained?**
		❒			❒
		❒			❒
		❒			❒

6. RESCUE (NON-ENTRY)

Rescue Equipment Checklist

- ❒ *Contact Seminole Fire Department prior to entry (727)588-4765*
- ❒ Movable winch mounted on overhead track with long control cord
- ❒ Full body harness(es)
- ❒ Cell Phone / Two-way Radio
- ❒ Emergency Phone Numbers
- ❒ Notify the Safety Office that an entry is about to begin

*****Notify the Safety office that an entry is about to begin and to be available for emergency calls*****

Rescue Personnel			General Rescue Procedure
Name	**Number**	**Trained?**	
		❒	
		❒	

7. GENERAL EQUIPMENT CHECKLIST	
MSA Altair 4 Gas Monitor	Barricade
Class 1 Division 1 Electrical Equipment	Cell Phone / Two-way Radio
Full body harness(es)	Lighting (explosive proof/low voltage)
Personal Protective Equipment	Non-Sparking Tools
Fire Extinguisher	Breathing apparatus- respirator
Lighting (Explosive proof/low voltage)	LifeLines

8. APPROVAL

I have reviewed all work authorized by this permit and the information contained here-in. Written instructions and safety procedures have been received and understood. All personnel involved in this entry have been given the opportunity to review this permit. This permit is not valid unless all applicable items are completed.

Entry Supervisor Signature:		**Date:**		**Time:**	

9. PERMIT CANCELLATION

Entry Supervisor Signature:		**Date:**		**Time:**	

10. ENTRY PROCEDURE CHECKLIST

❒	Obtain a Permit-Confined Space Entry Form from the Safety Office
❒	Notify Supervisor before the Confined Space Entry
❒	Verify Confined Space Meter has been calibrated and is in working order
❒	Complete the top portion of the Permit-Confined Space Entry Form
❒	Ensure all rescue equipment (e.g., tripod, body-belt, lanyard) is in place prior to entry
❒	Monitor the confined space with the MSA 4-Gas Detector prior to entry. The entrant and attendant should sign the permit authorization section on the bottom of the permit to ensure all actions and conditions necessary for safe entry have been performed.
❒	Employee entering the confined space should wear the 4-Gas Detector after the pre-atmosphere test. The employee should also have a full body harness and lanyard attached to the rescue tripod. Employee shall have a radio and any other necessary personal protective equipment.
❒	Employee can enter the confined once PREVIOUS REQUIREMENT is completed. The entrant and attendant should complete the Hazards of Confined Spaces and Special Requirements Section of the Permit-Confined Space Entry Form once the employee is within the confined space. The entrant should also gather the % Oxygen, % Explosive Gases, Carbon Monoxide, and Hydrogen Sulfide readings and communicate them to the attendant to place on the Permit Form.
❒	The attendant should maintain constant communication with the entrant until the entrant has exited the confined space.
❒	The attendant should contact Supervisor once the entrant has exited the confined space.
❒	The Permit-Confined Space Entry Form should be given to the Safety Office, to file in the Confined Space Records.

CONFINED SPACE ENTRY PROCEDURES
SUMMARY

1. Conduct pre-entry briefing;
2. Assemble, check, and or calibrate equipment;
3. Establish acceptable entry conditions;
4. Initiate hot work permit (if applicable);
5. Conduct initial air sampling;
6. Execute and complete entry permit;
7. Contact Seminole Fire Department *(727)588-4761* to notify them of the confined space entry;
8. Station entry attendant;
9. Establish monitoring of the atmosphere;
10. Establish communication;
11. Post confined space entry permit;
12. Enter space;
13. Post-entry debrief if problems were encountered; and
14. Cancel permit and return a copy to the Office of Safety & Emergency Management.

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 001 **This is a NON-PERMIT REQUIRED CONFINED SPACE**

Location:	Building 1 - Various	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (13) 1N, 1S, 1B, 1K, 2N, 2S, 2B, 3N, 3S, 4N, 4S, 5N, 5S		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures. See attached page

If you answered "Yes" to any of the items in Step 2, the space is a permit space

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Air Handling Unit	Building 1, B205	01-02-010
Air Handling Unit #12	Building 1, B105	01-01-034
Air Handling Unit 10	Building 1, A557	01-05-010
Air Handling Unit 1-S	Building 1, B118	01-01-035
Air Handling Unit 1-S	Building 1, A122	01-01-038
Air Handling Unit 2-N	Building 1, B131	01-01-037
Air Handling Unit 3-S	Building 1, A212	01-02-007
Air Handling Unit 4-N	Building 1, A241	01-02-008
Air Handling Unit 5-S	Building 1, A336	01-03-008
Air Handling Unit 6N	Building 1, A357	01-03-007
Air Handling Unit 7S	Building 1, A413-1	01-04-007
Air Handling Unit 7S	Building 1, A436	01-04-009
Air Handling Unit 8N	Building 1, A480	01-04-004
Air Handling Unit 8N	Building 1, A457	01-04-008
Air Handling Unit 9S	Building 1, A536	01-05-011

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 002

Location:	Building 13 Laundry Building	Date:	3/20/10
Identity/Name of Space:	Boilers		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X			LO/TO procedure to be used prior to entry

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 003 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 13 Laundry Building	Date:	2/18/10
Identity/Name of Space:	Cart Washer		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X	Hot water is used in the washing space	LO/TO procedure to be used prior to entry ***Procedure #13-01-031***

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 004 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 13 Laundry Building	Date:	2/18/10
Identity/Name of Space:	Colmac Steam Cabinet		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X	Heat is used within the space	LO/TO procedure to be used prior to entry ***Procedure #13-01-032***

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 005 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 13 Laundry Building	Date:	3/20/10
Identity/Name of Space:	Reuse Water Tank		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		LO/TO procedure to be used prior to entry

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 006 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 13 Laundry Building, roof	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (4) A/C 1, A/C 2, A/C 3, A/C 4		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary LOTO Procedure #'s: **13-01-022** **13-01-025** **13-01-026**

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 007 **This is a ***PERMIT REQUIRED SPACE*****

\Location:	Building 13 Laundry Building, rear of building	Date:	3/20/10
Identity/Name of Space:	Reuse Water Pits		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

Does the Space:	Check One		*Identify Hazard	*Abatement Method
	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?	X		Black/Grey water from laundry process	Shut off washers and water source. Procedure numbers below
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X		Hot water from washing machines	LO/TO procedure to be used prior to entry ***Procedure #13-01-001*** ***Procedure #13-01-002*** ***Procedure #13-01-003***

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 008 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 20 – above stage	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (3) AHU 1, AHU 2, AHU 3		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary **Procedure # 20-02-001**

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 009 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 22	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (8) 1N, 1S, 2N, 2S, 3N, 3S, 4N, 5S		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary. See attached list

If you answered "Yes" to any of the items in Step 2, the space is a permit space

Confined Space Procedure # 009

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Air Handling Unit	Bldg. 22, Room 108	22-01-002
Air Handling Unit	Bldg. 22, Room 131	22-01-003
Air Handling Unit	Bldg. 22, Room 253	22-02-001
Air Handling Unit	Bldg. 22, Room 207	22-02-002
Air Handling Unit	Bldg. 22, 3rd Floor Computer Room	22-03-001
Air Handling Unit	Bldg. 22, 3rd Floor Computer Room	22-03-002
Air Handling Unit	Bldg. 22, Room 346	22-03-003
Air Handling Unit	Bldg. 22, Room 405	22-04-001
Air Handling Unit	Bldg. 22, Room 437	22-04-002

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 010 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 23 - roof	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (5) AHU 1, AHU 2, AHU 3, AHU 4, AHU 5		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary. See attached list

If you answered "Yes" to any of the items in Step 2, the space is a permit space

Confined Space Procedure # 010

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Air Handling Unit	Bldg. 23, Room 218	23-02-009
Air Handling Unit	Bldg. 23,	23-02-010
Air Handling Unit	Bldg. 23,	23-02-011
Air Handling Unit	Bldg. 23,	23-02-012

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 011 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 37 – various locations	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (5) 2N, 2S, 2M, 2N, 3S		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary. See attached list.

If you answered "Yes" to any of the items in Step 2, the space is a permit space

Confined Space Procedure # 011

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Air Handling Unit	Bldg. 37, Room 256	37-02-002
Air Handling Unit	Bldg. 37, Computer Room 300	37-03-007
Air Handling Unit	Bldg. 37, 3rd Fl Computer Rm	37-03-012
Air Handling Unit	Bldg. 37, Room 216	37-02-003
Air Handling Unit	Bldg. 37, Computer Room 300	37-03-008
Air Handling Unit	Bldg. 37, 3rd Fl Computer Rm	37-03-013
Leibert	Bldg. 37, Computer Room	37-03-004

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 012 **This is a NON-PERMIT REQUIRED SPACE**

Location:	Building 71 - roof	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (3) AHU "E", AHU "F", AHU "G"		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary. See attached list.

If you answered "Yes" to any of the items in Step 2, the space is a permit space

Confined Space Procedure # 012

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Air Handling Unit	Bldg. 71, Penthouse - West	71-01-002
Air Handling Unit	Bldg. 71, Penthouse - East	71-01-006
Air Handling Unit	Bldg. 71, Penthouse - Center	71-01-010

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 013 **This is a ***PERMIT REQUIRED SPACE*****

Location:	Building 100 Boiler Plant	Date:	3/20/10
Identity/Name of Space:	Cleaver Brooks Boilers (3)		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X		Steam, water, electrical, thermal, natural gas	LO/TO procedure to be used prior to entry ***Procedure #100-01-071*** ***Procedure #100-01-072*** ***Procedure #100-01-073***

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 014 **This is a ***PERMIT REQUIRED SPACE*****

Location:	Building 100 Boiler Plant	Date:	3/20/10
Identity/Name of Space:	Condensate Tanks (2)		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X		Water, heat	LO/TO procedure to be used prior to entry

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 015 **This is a ***PERMIT REQUIRED SPACE*****

Location:	Building 100 Chiller Plant	Date:	3/20/10
Identity/Name of Space:	Chiller Pool		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?	X		Cold Water	LO/TO procedure to be used prior to entry See attached LOTO procedure list
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		

If you answered "Yes" to any of the items in Step 2, the space is a permit space

Confined Space Procedure # 015

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Chill Water Pump #1	Bldg. 100, Chiller Room	100-01-029
Chill Water Pump #10	Bldg. 100, Boiler Room	100-01-035
Chill Water Pump #2	Bldg. 100, Chiller Room	100-01-030
Chill Water Pump #3	Bldg. 100, Chiller Room	100-01-031
Chill Water Pump #4	Bldg. 100, Chiller Room	100-01-032
Chill Water Pump #8	Bldg. 100, Boiler Room	100-01-033
Chill Water Pump #9	Bldg. 100, Boiler Room	100-01-034
Chiller #1	Bldg. 100, Chiller Room	100-01-064
Chiller #2	Bldg. 100, Chiller Room	100-01-065
Chiller #3	Bldg. 100, Chiller Room	100-01-066
Chiller #4	Bldg. 100, Chiller Room	100-01-067

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 016 **This is a ***PERMIT REQUIRED SPACE*****

Location:	Building 100 Boiler Plant	Date:	3/20/10
Identity/Name of Space:	Condensate Tanks (2)		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X		Water, heat	LO/TO procedure to be used prior to entry See attached list

If you answered "Yes" to any of the items in Step 2, the space is a permit space

PROCEDURE # 016

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Condensate & Evaporator Fan	Bldg. 100,	100-03-017
Condensate Pump	Bldg. 100, 1-D	100-01-086
Condensate Pump	Bldg. 100, 1-C	100-01-088
Condensate Pump #5	Bldg. 100, Boiler Room	100-01-076
Condensate Pump #6	Bldg. 100, Boiler Room Sump	100-01-077
Condensate Pump (Cart Prog)	Bldg. 100, 1st Floor	100-01-202
Condensate Pump CP-7	Bldg. 100, 1st Floor	100-01-203

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 017 **These are NON-PERMIT REQUIRED SPACES**

Location:	Building 100 Service Bays	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (31) 1st Floor: 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, AHU 32; 2nd Floor: 2A, 2B, 2C, 2D, 2E, 2F, AHU 31, AHU 33, AHU 38 3rd Floor: 3A, 3B, 3C, 3D 4th Floor: 4A, 4B, 4C, 4D 5th Floor: 5A, 5B, 5C, 5D		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary. See attached list

If you answered "Yes" to any of the items in Step 2, the space is a permit space

PROCEDURE # 017

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Air Handling Unit	Bldg. 100, 1-C	100-01-078
Air Handling Unit	Bldg. 100, 1-D	100-01-085
Air Handling Unit	Bldg. 100, 1-C	100-01-087
Air Handling Unit	Bldg. 100, 1-H	100-01-090
Air Handling Unit	Bldg. 100, 1-G	100-01-092
Air Handling Unit	Bldg. 100, 1-F	100-01-095
Air Handling Unit	Bldg. 100, SB 2-6	100-02-003
Air Handling Unit	Bldg. 100, 2-B	100-02-006
Air Handling Unit	Bldg. 100, 2-D	100-02-008
Air Handling Unit	Bldg. 100, 3-C	100-03-001
Air Handling Unit	Bldg. 100, 3-C	100-03-003
Air Handling Unit	Bldg. 100, SB 3-6	100-03-004
Air Handling Unit	Bldg. 100, 3-A	100-03-006
Air Handling Unit	Bldg. 100, 3-B	100-03-009
Air Handling Unit	Bldg. 100, 4-C	100-04-001
Air Handling Unit	Bldg. 100, SB 4-6	100-04-003
Air Handling Unit	Bldg. 100, 4-A	100-04-005
Air Handling Unit	Bldg. 100, 4-B	100-04-009
Air Handling Unit	Bldg. 100, 5-C	100-05-001
Air Handling Unit	Bldg. 100, SB 5-6	100-05-017
Air Handling Unit	Bldg. 100, 5-A	100-05-027
Air Handling Unit	Bldg. 100, 5-B	100-05-038

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 018 **These are NON-PERMIT REQUIRED SPACES**

Location:	Building 101	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (3) AHU "A2", AHU "A5", AHU "A6"		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary. See attached list

If you answered "Yes" to any of the items in Step 2, the space is a permit space

PROCEDURE # 018

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
Air Handling Unit	Bldg. 101, 1-D	101-01-036
Air Handling Unit #2	Bldg. 101, B26	101-01-076
Air Handling Unit #3	Bldg. 101, B26	101-01-077
Air Handling Unit	Bldg. 101, C24	101-01-079
Air Handling Unit #1	Bldg. 101, A26	101-01-029
Air Handling Unit #2	Bldg. 101, A26	101-01-028
Air Handling Unit #5	Bldg. 101, D Wing Equip. Room	101-01-041
Air Handling Unit 4N	Bldg. 101, C24	101-01-031

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 019 **These are NON-PERMIT REQUIRED SPACES**

Location:	Building 102	Date:	3/20/10
Identity/Name of Space:	Air Handling Units (15) AHU 1, AHU2, AHU3, AHU4, AHU5, AHU6, AHU7, AHU8, AHU9, AHU10, AHU11, AHU12, AHU13, AHU14, AHU15		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		Use LO/TO procedures if necessary. See attached procedure list

If you answered "Yes" to any of the items in Step 2, the space is a permit space

PROCEDURE # 019

Equipment Name	Location	Lock-Out/Tag-Out Procedure #
A/C #3	Bldg. 102, Roof	102-01-034
A/C #5	Bldg. 102, Roof	102-01-035
A/C Control Circuit 5 South	Bldg. 102, Next to C110	102-01-002
A/C Control Circuit 6 South	Bldg. 102, Next to C110	102-01-003
A/C Control Circuit East	Bldg. 102, Next to C110	102-01-001
A/C Unit # 7	Bldg. 102, Roof	102-01-017
A/C Unit # 8	Bldg. 102, Roof	102-01-018
A/C Unit 3HP	Bldg. 102, Roof	102-01-010
A/C Unit 5HP	Bldg. 102, Roof	102-01-011
Air Handler Heat Wheel	Bldg. 102, Roof	102-01-014
Air Handler Return Supply	Bldg. 102, Roof	102-01-012
Air Handler Return Supply	Bldg. 102, Roof	102-01-013
Air Handler Unit C131	Bldg. 102, C153	102-01-007
Air Handler Unit C159	Bldg. 102, C153	102-01-005
Air Handler Unit C163	Bldg. 102, C153	102-01-006
Air Handling Unit	Bldg. 102, 102 B	102-01-019
Air Handling Unit	Bldg. 102, 102 B	102-01-021
Air Handling Unit	Bldg. 102, A166	102-01-030
Air Handling Unit	Bldg. 102, 144	102-01-032
Air Handling Unit C159	Bldg. 102, C153	102-01-004
Blower Motor	Bldg. 102,	102-01-029

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 020 **These are ***PERMIT REQUIRED SPACES*****

Location:	Bay Pines Grounds	Date:	3/20/10
Identity/Name of Space:	Manholes (351) (locations of the manholes can be obtained from Engineering)		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?	X		Hydrogen sulfide, carbon monoxide, lack of oxygen, combustible gases	Enter only if within acceptable ranges; ventilation
Contain a material that has the potential for engulfing the entrant?	X		Water	
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X		Explosion	Use non-sparking tools

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 021 **These are ***PERMIT REQUIRED SPACES*****

Location:	Bay Pines Grounds	Date:	3/20/10
Identity/Name of Space:	Utility Vaults (3) North side of Credit Union; North side of Bldg. 37; East side of Bldg. 101		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?	X		Hydrogen sulfide, carbon dioxide, carbon monoxide, lack of oxygen	
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X		Explosions	Use non-sparking tools LO/TO procedure to be used prior to entry

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 022 **These are NON-PERMIT REQUIRED SPACES**

Location:	Bay Pines Grounds	Date:	5/10/10
Identity/Name of Space:	Steam Pits Various Locations; refer to Plumbing Shop prints		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X		Thermal	LO/TO procedure to be used prior to entry Allow to cool.

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 023 **This is a ***PERMIT REQUIRED SPACE*****

Location:	Water Storage Tanks by Building 103	Date:	5/10/10
Identity/Name of Space:	Water Storage Tanks (2) (each 500,000gal.)		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?	X		Water	LO/TO procedure to be used prior to entry
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?	X		Water	LO/TO procedure to be used prior to entry

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 024 **This is a NON-PERMIT REQUIRED CONFINED SPACE**

Location:	Various Buildings on campus	Date:	5/10/10
Identity/Name of Space:	Crawl Spaces under buildings		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

Does the Space:	Check One		*Identify Hazard	*Abatement Method
	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X	Potential pest control issues	

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 025 **This is a NON-PERMIT REQUIRED CONFINED SPACE**

Location:	Various Buildings on campus	Date:	5/10/10
Identity/Name of Space:	Ducts		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		

If you answered "Yes" to any of the items in Step 2, the space is a permit space

EVALUATION FORM FOR POTENTIAL CONFINED SPACES

PROCEDURE # 026 **This is a NON-PERMIT REQUIRED CONFINED SPACE**

Location:	Various Buildings on campus	Date:	5/10/10
Identity/Name of Space:	Pipe/Duct Chases		

STEP 1 – DETERMINE IF THE SPACE IS A CONFINED SPACE

Answer the following questions:

	Check One	
	Yes	No
Is the space large enough and so configured that an employee can bodily enter and perform assigned work?	X	
Does the space have limited or restricted means for entry or exit? (For example, tanks, vessels, storage bins, hoppers, vaults, and pits are spaces that may have limited means of entry)	X	
Is the space not designed for continuous employee occupancy?	X	

If you answered "Yes" to all of the items above, continue to step 2. If any one of the questions above was answered "No", stop – this is not a confined space.

STEP 2 – DETERMINE IF THE SPACE IS A PERMIT SPACE

Answer the following:

	Check One		*Identify Hazard	*Abatement Method
Does the Space:	Yes*	No		
Contain or have a potential to contain a hazardous atmosphere?		X		
Contain a material that has the potential for engulfing the entrant?		X		
Have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section?		X		
Contain any other recognized serious safety or health hazard?		X		

If you answered "Yes" to any of the items in Step 2, the space is a permit space