

FORM

Standard: Confined Space

CONFINED SPACE HAZARD ASSESSMENT

	In order to qualify as a confined space, the space in question must meet each of the following criteria:					ia:
1.	The space is large enough t	o hodily enter			True	False
						False
2.	1 0			True		
3 ·	. The space is not designed for continuous human occupancy.			True	False	
	you answered True to <u>all</u> of Y PE of Confined Space you h		onfined Spac	e. Now you will o	determine	what
4.	 Does the confined space contain any recognized "Serious Hazard?" If <u>YES</u>, the space will be classified as Permit-Required If <u>NO</u>, the space will be classified as Non-Permit Required 				Check Check	
	Examp	les of " Serious Hazards "	include but are	not limited to:		
	Oxygen Deficiency	□ Oxygen Enri	ched	\square Entrapment	<u>.</u>	
	Engulfment	\square Toxic Gas		☐ Combustible	e Gas	
5∙	Is this space used for high v If you answered YES , your	oltage or electrical distribut space qualifies as an Enclo		lly)	Yes	No
6.	Is this space used for water If you answered YES , you	, steam distribution or telectric r space qualifies as a Mecha		s? (E&U Only)	Yes	No
Based on the 5 questions you answered, determine the TYPE of space (Circle One):						
		Permit Required Confined Space	Enclosed S	pace Me	chanical	Space
На	arvard Building Name:					
	arvard Building Name: ocation/Room Number o	f Confined Space:				
Lo		f Confined Space:				
Lo Po	ocation/Room Number o	- 				
Lo Po Re	ocation/Room Number of	- 				
Lo Po Re Er	ocation/Room Number of oint of Access: eason For Entering the S	- 				
Lo Po Re Er Fr	ocation/Room Number of oint of Access: eason For Entering the Sp ntry Duration:	pace:				
Lo Po Re Er Fr	ocation/Room Number of Dint of Access: eason For Entering the Sparry Duration: requency of Entry: Description of the Space	pace:		Pipe Chase		
Lo Po Re Er Fr	cation/Room Number of oint of Access: eason For Entering the Spatry Duration: requency of Entry: Description of the Space Air Handling Unit	pace:	-	Pipe Chase Boiler		
Lo Po Re Er Fr	cation/Room Number of oint of Access: eason For Entering the Space of Entry: Description of the Space of Manhole	pace:	-	Boiler		
Lo Po Re Er Fr	cation/Room Number of Dint of Access: eason For Entering the Space of Entry: Description of the Space of Manhole Crawl Space	pace: Tunnel Pit Electrical Vault	_	Boiler Sewer	r Pit	
Lo Po Re Er Fr	cation/Room Number of Dint of Access: eason For Entering the Spatry Duration: equency of Entry: Description of the Space Air Handling Unit Manhole Crawl Space Plenum Space	pace: Tunnel Pit Electrical Vault Water Meter M	_	Boiler Sewer Sewer Ejector		
Lo Po Re Er Fr	cation/Room Number of Dint of Access: eason For Entering the Syntry Duration: equency of Entry: Description of the Space Air Handling Unit Manhole Crawl Space Plenum Space Stormwater Pit	pace: Tunnel Pit Electrical Vault Water Meter M Tank	_	Boiler Sewer Sewer Ejecto Steam Manho		
Lo Po Re Er Fr	cation/Room Number of Dint of Access: eason For Entering the Spatry Duration: equency of Entry: Description of the Space Air Handling Unit Manhole Crawl Space Plenum Space	pace: Tunnel Pit Electrical Vault Water Meter M	anhole _ -	Boiler Sewer Sewer Ejector		

8. Major Hazards Identified (C	heck all that apply)						
Oxygen Deficiency Oxygen Enriched	Steam Engulfment	Excessive Noise Protruding Objects					
Combustible Gas	Entrapment	Low Head Room					
Toxic Gas	Slip, Trip, and Fall	PCB-Containing Oils					
Chemical Contact	Asbestos	Temperature Extremes					
Mechanical	Low Light	Electrical Hazards					
Microbiological	Lockout-Tagout Required						
Dust	High Wind Velocities	Other					
9. Entry Equipment Needs (Ch	eck All That Apply):						
Respirator	Chemical Apron	Chemical Boots					
Chemical Resistant Clothing	Work Boots**	Chemical Resistant Gloves					
Face Shield	Welding Shield	Splash Goggles					
Hearing Protection	Welding Shield Hard Hat**	Safety Glasses**					
Electrical Gloves	Fall Protection Equipment	Other					
** Minimum requirement for all confined spaces 10. Entry Equipment Needs (Check All That Apply):							
4 Gas Meter	Rescue Retrieval System	Ventilation					
2 Way Radio	Others	, ontained					
Additional Information:							
Comments:							
Owner (Facility Manager):							
Supervisor (FMO):							
Evaluator:							
Evaluation Date:							
THIS FORM IS NOT COMPLETE UNTIL IT HAS BEEN ENTERED INTO THE CONFINED SPACE DATABASE.							

Upon completion of this form, you must do one of the following:

1. Complete an online hazard assessment on the Harvard University Confined Space Database located at:

https://apps2.campusservices.harvard.edu/ehsapps/confspace/cs_main.jsp

2. If you are unable to access the Harvard University Confined Space Database, you can mail this form to:

Occupational & Facilities Safety Environmental Health and Safety 46 Blackstone St. Cambridge MA, 02139

You will be contacted when the space has been entered.