STANFORD UNIVERSITY
CONFINED SPACE EVALUATION FORM

Building______________________ Evaluated by____________________  Date_____________  Page____ of ____

Instructions:          Definitions are on the back of the page.
Also refer to the “Companion Guide to the Confined Space Evaluation Form”.

1. Fill out Number, Location and Description (1, 2, and 3)
2. Determine if space is a confined space by answering questions 4, 5 and 6.
3. If 4, 5 and 6 are NO, then enter NO in space 7 and stop, otherwise proceed.
4. Determine if space is permit required by answering questions 8, 9, 10 and 11.
5. If 8, 9, 10 or 11 are YES, then enter YES in space 12.
6. If space can be downgraded to not a confined space or non-permit-required confined space, enter YES in space 13.

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**DEFINITIONS:**

**Number:** An unique Stanford numeric identifier for a confined space or permit-required confined space
1. Quad-Bldg-Floor-Room-Type-# or 2. Grid-Type-# (where # is facility assigned number or 1, 2, 3 ...)

**Location:** Specific identifier (e.g. building name, cross street, east, west corner, etc.)

**Description:** Other relevant descriptors (i.e. old number, grantor [which shop owns])

**Enter & Work:** A space which is large enough for an employee to enter and work, as opposed to a space too small for an employee even to enter (e.g., 3” x 18” x 18” telephone closet).

**Limited Entry/Exit:** Entrant needs to use more than two points of contact to enter or exit a space.

**Normal Occupancy:** A space which is designed for normal work activities (e.g., over an eight hour work day).

**Confined Space:** A space that:
(a) Is large enough and so configured that an employee can bodily enter and perform assigned work; and
(b) 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
(c) Contains any other recognized serious safety or health hazard.

**Hazardous Atmosphere:** An atmosphere that may expose employees to risk of death, incapacitation, impairment of ability to self-rescue, injury, or acute illness from one or more of the following causes:
(a) Flammable gas, vapor or mist in excess of 10% of lower flammable limit (LEL).
(b) Airborne combustible dust at a concentration that meets or exceeds its LFL.
(c) Atmospheric oxygen concentration below 19.5% or above 23.5%.
(d) Atmospheric concentration of substance that exceeds its dose or permissible exposure limit.
(e) Atmospheric condition that is immediately dangerous to life or death.

**Potential Engulfment:** A liquid or finely divided powder (flowable) solid substance that can be aspirated to cause death by filling or plugging the respiratory system or that can exert enough force on the body to cause death by strangulation, constriction or crushing.

**Trap or Asphyx:** A space which has the potential to physically trap or asphyx an entrant.

**Other Health Safety Hazards:** A space which contains physical hazards (e.g., exposed current-carrying parts, unguarded machinery, hot surfaces from uninsulated steam pipes, etc.) or health hazards.

**Permit-Required Confined Space:** A confined space which has one or more of the following characteristics:
(a) Contains or has the potential to contain a hazardous atmosphere, or
(b) Contains a material that has a potential for engulfing an entrant, or
(c) Has an internal configuration such that the entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross section, or
(d) Contains any other recognized serious safety or health hazard.

**Potential to Downgrade**
Conditions in the space which change such that the space may be reclassified from a permit-required confined space to confined space or not a confined space.