**CONFINED SPACE CLASSIFICATION FORM**

A logo for a health care company

Description automatically generated

**301 Steam Services Building**

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**REVIEW THE FOLLOWING TO DETERMINE THE CLASSIFICATION OF A CONFINED SPACE.**

**FUNDAMENTAL CLASSIFICATION – ALL ANSWERS IN SECTION MUST BE AFFIRMATIVE TO CLASSIFY SPACE AS A CONFINED SPACE.**

**❑Yes ❑ No 1.** Is the space large enough and shaped so an employee can enter and work?

**❑Yes ❑ No 2.** Does the space have a limited or restricted means of entry or exit?

**❑Yes ❑ No 3.** Is the space **NOT** designed for continuous human/ worker occupancy?

**PERMIT-REQUIRED CONFINED SPACE CLASSIFICATION – ANY ONE AFFIRMATIVE ANSWER CONFIRMS THE SPACE IS PERMIT-REQUIRED.**

**❑Yes 1.** Does the space contain, or have the potential to contain, a hazardous atmosphere, i.e., oxygen deficiency, flammable vapors, toxic gases or dusts, etc., or pipes, ducts, vents or other entry points for potentially hazardous substances, or will volatile chemicals be used, or will painting or other work that could create a breathing hazard be performed? *Specify potential or known hazards*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**❑Yes 2.** Does space contain a material with potential to engulf a worker, e.g., grain, sand or water? Specify potential or known hazards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**❑Yes 3.** Does space have an internal shape such that a worker could be trapped or suffocated by inwardly converging walls, floor or ceiling? Specify potential or known hazards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**❑Yes** **4.** Does space contain other recognized safety or health hazards, such as: mechanical hazards; exposed or vulnerable electrical wires

or energized equipment; gas or chemical lines; special hazards related to elevation or falling; or temperature extremes/ heat stress. Specify potential or known hazards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**❑Yes 5.** Will welding, cutting, torch work, or other hot work be performed?

Specify potential or known hazards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF ALL ANSWERS IN THIS SECTION ARE “NO”, THE SPACE IS A NON-PERMIT CONFINED SPACE.**

**IF (5) ONLY IS YES, THE SPACE IS PERMIT-REQUIRED AND WILL ALSO REQUIRE AN ADDITIONAL “HOT WORK PERMIT.”**

**REVIEW THE FOLLOWING SECTION TO FURTHER CHARACTERIZE THE TYPE OF NON-PERMIT CONFINED SPACE. Non-Permit Confined Spaces are approved for non-permit entry given the following restricted conditions. All other Penn State Safety Permits, Requirements and OSHA requirements shall apply. Responsible Supervisors must verify that no other hazardous operations or sources interfere with the intended non-permit confined space entry (adjacent gas, power, fuel, or electromechanical sources or hazards). Contact your Supervisor for assistance.**

**CONTACT YOUR CONFINED SPACE COORDINATOR AND CONSULT EHS PRIOR TO RE-CLASSIFYING CONFINED SPACES.**

**CONFINED SPACE EVALUATION FORM PAGE 2 OF 2**

1. **Crawlspaces**

* No utility service (electrical, natural gas, oxygen-displacing gas (N2 or inert gas), or explosive fuel source may terminate within the crawlspace.
* No hot work may be performed in the space, without prior alternate entry evaluation.
* No vapor-causing or volatile compounds may used, without prior, alternate entry evaluation and Safety or EHS authorization. Non-volatile compounds (pipe dope compounds, caulk or paste lubricants, etc.) may be used, if no restricted hazard is introduced by their use.
* No reasonable probability of rupturing utility service within the crawlspace, or, opening of service lines in the crawlspace.
* Where feasible, crawl space must be cross-ventilated, or exhaust ventilated, where no ventilation is present.

1. **Pipe Chases**

* Ventilation must be provided, or designed into, and vented through the space during work.
* No utility service, and no explosive fuel source may terminate within the crawlspace; no hot work may be performed w/out prior alternate entry evaluation per item 1 Crawlspaces.
* No interconnection to other pipe chases, tunnels, or potential permit-required confined spaces, OR to spaces with uncontrolled atmospheres or hazardous atmospheres may be present.

1. **Ductwork/ Air Handlers (HVAC equipment)**

* HVAC Systems DO NOT include, nor pertain to, fume hood exhaust or other forms of exhaust systems/ ducts.
* Must be able to open and to permit air exchange through the equipment/duct.
* All other hazardous exposures/ electromechanical sources must be properly controlled (pulleys, drives, fans, etc.) and lock-out/tag-out (LOTO) must be properly enforced.

1. **Cooling Towers**

* Side panels must be removed to permit cross-ventilation and complete air exchange, prior to and during cooling tower rebuild or cleaning.
* No other maintenance activity permitted, which may involve top entry or potential exposure to moving parts or electro-mechanical hazards.
* All other hazardous exposures or electromechanical sources must be properly controlled and (LOTO) must be properly enforced.

1. **Equipment/Pool Service Pits and Sub-Basements**

**Non OPP/Tech Service Staffs Only:**

* Non-permit entry restricted to performing inspections, pool chemical additions, filter replacements, and similar non-hazardous tasks
* Simultaneous hazardous confined space entry work is prohibited during non-permit entry.
* No hot work may be performed in the space, without prior alternate entry evaluation.

**Office of Physical Plant Tech Services Staff:**

* All entry to this type space for work associated with electrical or mechanical service is determined by task, and may be permit-required.

1. **Elevator Service Pits**

* Elevators must be de-energized, blocked, and all safety controls in place. All energy sources must be disconnected, and/or locked out as required by LO/TO procedures.
* No atmospheric hazards, NOR other hazards, generators, or energy sources may be located within, or introduced into space during work.

**Confined Space Type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Confined Space ID (where available)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**❑ Single Entry Assessment (Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** **❑ Tentative Permanent Entry Assessment**

**Authorized Supervisor Name/ Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department/ Region Confined Space Coordinator Name/ Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_