



Confined Space Profile

Building: _____ Contact: _____ Title: _____ Phone Number: _____

Address: _____ Evaluated By: _____ Title: _____ Date: _____

Department: _____ Floor: _____ Room Number: _____

Status: Permit Required Confined Space Non-Permit Required Confined Space Alternate Entry Procedures Reclassified Date: / /

Type of Space

- Air Handling Units/Systems**
 - Supply
 - Exhaust
 - Duct
 - Other
- Manhole**
 - Sewer
 - Chemical
 - Storm
 - Other
- Pits**
 - Equipment Pit
 - Elevator Pit
 - Neutralization Pit
- Ejector Pit**
- Other**
- Other**
 - Utility Vault
 - Pipe Chase
 - Tunnel
 - Tank/Vessel
 - Storage Bin
 - Boiler

Description: _____

Potential Hazards

- Unsafe to Remove Cover**
 - Excess pressure could blow cover off during removal
 - Pressurized chemicals
 - Vacuum
 - Extreme heat/steam
- Oxygen deficient atmosphere (<19.5% O₂)
- Flammable gases or vapors (>10% LEL)
- Oxygen enriched atmosphere (>23.5% O₂)
- Other toxic gases or vapors greater than established PEL
List if known: _____
- Combustion byproducts (flue gas, CO, CO₂)
- Entrapment (sloping shape that could trap a person)
- Engulfment (space contains material which could engulf entrant)
- Mechanical**
 - Fan blades and/or agitator
 - Unguarded energized equipment
 - Pinch points
 - Other
- Material harmful to skin
- Airborne combustible dust
- Electrical
- Temperature extremes
- Hanging materials which could fall
- Noise
- Decaying waste (sewage, stagnant water, H₂S, methane)
- Other hazardous materials depending on area being exhausted

Entry Information

Proposed Number of Entry Times Per Year: _____ Entry/Egress Location(s): Top Bottom Sides

Proposed Number of Employees Entering the Space:
 Regular Entrants Different Entrants

Potential Reasons for Entry/Type of Work Proposed within the Confined Space: _____

Initial Atmospheric Testing

Date: _____ Time: _____ AM _____ PM Sampled By: _____

Oxygen: _____ % Hydrogen Sulfide: _____ ppm
 Combustibles: _____ % Carbon Monoxide: _____ ppm
 Other: _____

Instrument Type: _____
 Model Number: _____
 Serial Number: _____