

Owner

Confined Space Identification and Classification Form

Sign Number

Area	Building	Room	Location	
			CS Type	
CS Entry Dimensions		CS Physical Dimensions		CS Entry Method
CS Noise		CS lighting	Other	

Identification

<input type="checkbox"/> Is this space large enough for a person to bodily enter?	Note: if all three are met this is considered a confined space
<input type="checkbox"/> Is the space not designed for continuous occupancy?	Does this space meet the criteria of a confined space?
<input type="checkbox"/> Does this space have limited or restricted means of entry or exit?	

Note: If the space does not meet all three criteria defining a confined space, sign this form and send to Industrial Hygiene and Occupational Safety Operations Records at M/S P7-78 as a record of activity.

Classification

<input type="checkbox"/> Does this space contain, or potentially contain, an oxygen levels below 19.5% or above 23.5%?	
<input type="checkbox"/> Does this space contain, or potentially contain, a flammable atmosphere?	
<input type="checkbox"/> Does this space contain, or potentially contain, a toxic atmosphere that could incapacitate an entrant?	
<input type="checkbox"/> Does this space contain an engulfment hazard?	
<input type="checkbox"/> Does this space contain an entrapment hazard?	
<input type="checkbox"/> Does this space contain any other recognized serious safety hazard?	

Is this a Permit Required Confined Space?

Date Identified		
DateClass		
Class Staff #1		Signature / Date
Class Staff #2		/
Class Staff #3		/

Space History

Note: Complete, sign, and send this form to Industrial Hygiene and Occupational Safety Operations Records at M/S P7-78 as a record of activity.