MC MONTGOMERY COLLEGE

CONFINED SPACE EVALUATION FORM

Evaluator name	Job Title	Date
Space location (building/area):		Room:
Description of Space		
Responsible Supervisor (name):		Phone #:

A Competent Person must complete the evaluation.

Check if the following statements apply to the space being evaluated:

Large enough and arranged so an employee could fully enter the space and work	
The space has limited or restricted entry or exit	
The space is NOT primarily designed for continuous human occupancy	

If you checked **all** three statements, the space is a confined space. (For EHS Use Only)	Confined Space	NOT a Confined Space

Check if the Confined Space contains any of the following:	**Describe hazard:**
Contains or has potential to contain a hazardous atmosphere Is an outdoor underground utility vault/manhole	
Contains a material with potential for engulfing someone who enters	
Has an internal configuration that could allow someone entering to be trapped or asphyxiated	
Contains a physical hazard or any other health/safety hazard that could impair the ability to self- rescue, or result in a situation of immediate danger of life or health	

Mechanical	Chemical	Thermal	Electrical	Biological
Pneumatic	Hydraulic	Gravity	Steam	Other

If you checked **one or more** of the above, the space is a Permit- Required Confined Space. (For EHS Use Only)	Permit-Required Confined Space
	Not a Permit-Required Confined Space

Current status:	**YES**	**NO**
Is the space currently labeled as a Permit-Required Confined Space?		
Is contact information present for the assigned Confined Space Owner?		
Is the space secured to control unauthorized entry?		
Space evaluated as: (For EHS Use Only)	Date:	

Additional comments:	Insert photos:		