ENVIRONMENTAL HEALTH & SAFETY
UNIVERSITY of WASHINGTON

Space number
(assigned by dept.)

CONFINED SPACE EVALUATION FORM

Evaluator name	Job Title	Date

Space location (building/area):	Room #:	Key #:

Description of Space

Assigned Confined Space Owner (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. ☐ Confined Space ☐ NOT a Confined Space

Check if the Confined Space contains any of the following:	**Describe hazard:**
☐ Contains or has a potential to contain a hazardous atmosphere ☐ Is an outdoor underground utility vault/manhole	
☐ Contains a material with the 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.	☐ 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:	Date:

Additional comments:	Insert photos: