# Confined Space Profile

<table>
<thead>
<tr>
<th>Building:</th>
<th>Contact: _________________________</th>
<th>Title: _______________________</th>
<th>Phone Number: _________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Evaluated By: _____________________</td>
<td>Title: _______________________</td>
<td>Date: _________________________</td>
</tr>
<tr>
<td>Department:</td>
<td>Floor:</td>
<td>Room Number:</td>
<td>Status: ☐ Permit Required Confined Space ☐ Non- Permit Required Confined Space ☐ Alternate Entry Procedures ☐ Reclassified Date: /</td>
</tr>
</tbody>
</table>

## Type of Space

- ☐ Air Handling Units/Systems
- ☐ Manhole
  - ☐ Supply
  - ☐ Exhaust
  - ☐ Duct
  - ☐ Other
- ☐ Pits
  - ☐ Equipment Pit
  - ☐ Elevator Pit
  - ☐ Neutralization Pit
- ☐ Other
  - ☐ Utility Vault
  - ☐ Tank/Vessel
  - ☐ Pipe Chase
  - ☐ Tunnel
  - ☐ Boiler
- ☐ Other
  - ☐ Neutralization Pit
  - ☐ Other
  - ☐ Utility Vault
  - ☐ Pipe Chase
  - ☐ Tunnel
  - ☐ Boiler

## Description:

- ☐ Other

## 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

<table>
<thead>
<tr>
<th>Proposed Number of Entry Times Per Year:</th>
<th>Entry/Egress Location(s): ☐ Top ☐ Bottom ☐ Sides</th>
<th>Proposed Number of Employees Entering the Space: ☐ Regular Entrants ☐ Different Entrants</th>
</tr>
</thead>
</table>

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

## Initial Atmospheric Testing

<table>
<thead>
<tr>
<th>Date:</th>
<th>AM</th>
<th>PM</th>
<th>Sampled By: __________________________</th>
<th>Instrument Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>%</td>
<td>ppm</td>
<td>Carbon Monoxide:</td>
<td>Model Number:</td>
</tr>
<tr>
<td>Oxygen:</td>
<td>%</td>
<td>ppm</td>
<td>Other:</td>
<td>Serial Number:</td>
</tr>
<tr>
<td>Hydrogen Sulfide:</td>
<td>ppm</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>