## **Confined Space Identification and Classification Form**

Location of Space	Space Determination:		
		Yes N	<u> </u>
A confined space mea	·		
bodily enter and perfo (2) Has limited or rest (for example: tanks, v and pits are spaces th	d so configured that an employee can rm assigned work; <u>and,</u> ricted means for entry/exit essels, silos, storage bins, hoppers, vaults, eat may have limited means of entry); <u>and,</u> continuous employee occupancy.		
This space meets all t	hree of the above criteria.		
	er means that this is not a confined space. Go no further. ver means that this is a confined space; Proceed with the next section.		
B. <u>Identification of Po</u> 1. Potential for	tential Hazards: or Hazardous atmosphere?	П	
•	Oxygen deficiency (less than 19.5%)		_
•	Oxygen enrichment (greater than 23.5%)		
•	Flammable gas or vapor (greater than 10% LEL or LFL)		Ę
•	Airborne combustible dust (dust explosion hazard)		
•	Toxic contaminant (greater than PEL/TLV for any chemical present)		
cause dea effectively	nt by liquid or finely divided, flowable solid substance that can be aspirated to the by filling or plugging the respiratory system, or that can surround and capture a person or that can exert enough force on the body to cause death lation, constriction, or crushing?		
convergin	ent and/or constriction of torso (asphyxiation hazard) by inwardly g walls or by a floor which slopes downward and tapers to a oss-section?		
4. Hazardous	s energy (mechanical, electrical, thermal, chemical, pneumatic, etc.)?		
5. Significant	fall hazard (slippery surfaces, 10 foot or more drop/fall potential, etc.)?		
answe	ermit Confined Space. (Section A is answered YES. Section B has all No		

Date: 1/31/06, REV A SAF-F009 Page 1 of 2

	Permit-Required Confined or more YES answers.) The must be met.			
Assessment	and classification performed l	by: District Safety O	fficer	
(Print name)		(Signature)		(Date)
Reviewed an	d approved by:			
(Print name)		- (Siç	gnature)	