THE UNIVERSITY OF CHICAGO

Confined Space Profile

Environmental Health and Safety

Building:

Address:

Contact: _____ Title: _____ Phone Number: _____

Evaluated By: _____ Title: _____ Date: _____

Department: | Floor: | Room Number:

Status: ☐ Permit Required Confined Space ☐ Non-Permit Required Confined Space ☐ Alternate Entry Procedures ☐ Reclassified Date: / /

Type of Space

☐ **Air Handling Units/Systems**
- ☐ Supply
- ☐ Exhaust
- ☐ Duct
- ☐ Other

☐ **Manhole**
- ☐ Sewer
- ☐ Chemical
- ☐ Storm
- ☐ Other

☐ **Pits**
- ☐ Equipment Pit
- ☐ Elevator Pit
- ☐ Neutralization Pit
- ☐ Ejector Pit
- ☐ Other

☐ **Other**
- ☐ Utility Vault
- ☐ Pipe Chase
- ☐ Tunnel
- ☐ Tank/Vessel
- ☐ Storage Bin
- ☐ Boiler

Description:

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% O_2)
☐ Flammable gases or vapors (>10% LEL)
☐ Oxygen enriched atmosphere (>23.5% O_2)
☐ Other toxic gases or vapors greater than established PEL
List if known: _____
☐ Combustion byproducts (flue gas, CO, CO_2)
☐ 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, H_2S, methane)
☐ Other hazardous materials depending on area being exhausted

Entry Information

Proposed Number of Entry Times Per Year: | Entry/Egress Location(s): ☐ Top ☐ Bottom ☐ Sides | Proposed Number of Employees Entering the Space: ☐ Regular Entrants ☐ Different Entrants

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

Initial Atmospheric Testing

Date: Time: AM PM Sampled By: _____
Oxygen: % Hydrogen Sulfide: ppm
Combustibles: % Carbon Monoxide: ppm
Other:

Instrument Type:
Model Number:
Serial Number: