

## Confined Space Identification and Evaluation Form

Evaluated By: \_\_\_\_\_ Date Of Evaluation: \_\_\_\_\_  
 Title of Evaluator: \_\_\_\_\_  
 Name of Space Evaluated: \_\_\_\_\_  
 Location of Space (Dept/Area): \_\_\_\_\_  
 Description of Space: \_\_\_\_\_  
 Access Into Space: Ladder \_\_\_\_\_, Steps \_\_\_\_\_, Other \_\_\_\_\_

Does this space meet MIOSHA's Part 90 definition as a confined space? YES NO  
 If "NO", describe why the space does not meet the definition as a confined space.

Potential and/or Existing Hazards

1. Atmospheric Hazards

a. Oxygen less than 19.5%	YES	NO	N/A
b. Oxygen greater than 23.5%	YES	NO	N/A
c. Combustible atmosphere (>10% LFL)	YES	NO	N/A
d. Toxic atmosphere	YES	NO	N/A
If toxics exist, give names and levels _____ ppm			
If known or identified _____ ppm			

2. Physical Hazards

a. Mechanical	YES	NO	N/A
If "YES", can hazards(s) be eliminated using lockout?	YES	NO	
b. Electrical	YES	NO	N/A
If "YES", can hazard(s) be eliminated using lockout?	YES	NO	
c. Engulfment	YES	NO	N/A
If "YES", can hazard be eliminated using lockout, blocking or bleeding?	YES	NO	

3. Other recognized serious health or safety hazards? YES NO  
 If "YES", name potential hazard: \_\_\_\_\_

# CONFINED SPACE EVALUATION SPREADSHEET

DESCRIPTION	CONFINED SPACE PROCEDURE	LOCKOUT PROCEDURE	C.L.P.	REQUIRED ENTRY?	POTENTIAL ATMOSPHERIC HAZARDS?	DESCRIBE PHYSICAL HAZARDS	LOOKOUT POINT AVAILABLE & DESCRIBE	FULL BODY ENTRY?	HOW OFTEN?	PARTIAL BODY ENTRY?	HOW OFTEN?	CLEANING CHEMICALS USED?	THIS IS A COMMENTS SECTION. PLEASE WRITE ANY COMMENTS WHICH WILL HELP IN DETERMINING CLASSIFICATION OF THE SPACE OR OTHER COMMENTS REGARDING YOUR CONCERNS.
CV-1 CONE VAT	CS-0076	LO-0076	YES	YES			Above						
CV-2 CONE VAT	CS-0075	LO-0075	YES	YES			Above						
CV-3 CONE VAT 1500 GAL. PROCESSOR	CS-0077	LO-0077	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-4 CONE VAT 600 GAL. PROCESSOR	CS-1026	LO-1026	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-5 CONE VAT 1500 GAL. PROCESSOR	CS-0376	LO-0376	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-6 CONE VAT 1600 GAL. PROCESSOR	CS-1025	LO-1025	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					Disconnect above drive motor, not lockable.
CV-7 CONE VAT 1500 GAL. PROCESSOR	CS-0072	LO-0072	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-8 CONE VAT 1600 GAL. PROCESSOR	CS-0491	LO-0491	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-9 CONE VAT 1500 GAL. PROCESSOR	CS-0557	LO-0557	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	None	Sanitation - No Maintenance - Yes					No disconnect by val.
CV-10 CONE VAT 1600 GA. PROCESSOR	CS-0559	LO-0559	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-11 CONE VAT 2000 GAL. PROCESSOR	CS-0919	LO-0919	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-12 CONE VAT 2000 GAL. PROCESSOR	CS-0917	LO-0917	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-15 CONE VAT 1600 GAL. PROCESSOR	CS-1219	LO-1219	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
CV-16 CONE VAT 1500 GAL. PROCESSOR	CS-1220	LO-1220	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					No lockout capability for agitator. Needs disconnect located by tank.
CV-17 CONE VAT	CS-1623	LO-1623	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					No lockout capability for agitator. Needs disconnect located by tank.
CV-18 CONE VAT	CS-1924	LO-1924	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	Above	Sanitation - No Maintenance - Yes					
DRS 1 6000 GAL. RECTANGULAR DRESSING TANK	CS-0816	LO-0816	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	No	Sanitation and maintenance	Twice per year				No agitator disconnect located by tank. Entry for spray ball removal.
DRS 2 6000 GAL. RECTANGULAR DRESSING TANK	CS-0817	LO-0817	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	No	Sanitation and maintenance	Twice per year				No agitator disconnect located by tank. Entry for spray ball removal.
DRS 3 6000 GAL. RECTANGULAR DRESSING TANK	CS-0818	LO-0818	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	No	Sanitation and maintenance	Twice per year				No agitator disconnect located by tank. Entry for spray ball removal.
DRS 4 6000 GAL. RECTANGULAR DRESSING TANK	CS-0819	LO-0819	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	No	Sanitation and maintenance	Twice per year				No agitator disconnect located by tank. Entry for spray ball removal.
PT-1 2 CP 3000 GAL. HORIZONTAL TANK	CS-0082	LO-0082	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical							
PT-3 CHERRY BURRELL 2000 GAL. HORIZ. TANK	CS-0087	LO-0087	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical							
PT-4 CHICAGO STAINLESS 2000 GAL. HORIZ. TANK	CS-0081	LO-0081	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical							
CHEESE WASH WATER TANK													
600 GAL. VAT. STARTER	CS-0112	LO-0112	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical							
YT 1 MOLINIER 4000 GAL. HORIZ. TANK	CS-0095	LO-0095	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	No	Sanitation and maintenance	Twice per year				Need agitator disconnect labeled as to what it controls. YT-1 agitator disconnect frozen up.
YT 2 CHL. STAINLESS 5000 GAL. HORIZ. TANK	CS-0566	LO-0566	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	No	Sanitation and maintenance	Twice per year				Need agitator disconnect labeled as to what it controls.
YT 3 CHL. STAINLESS 5000 GAL. HORIZ. TANK	CS-0565	LO-0565	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	No	Sanitation and maintenance	Twice per year				Need agitator disconnect labeled as to what it controls.
YT 4 WALKER 5000 GAL. HORIZ. TANK	CS-0564	LO-0564	YES	YES	Chemical cleaning - YES or Maintenance hot work	Mechanical	No	Sanitation and maintenance	Twice per year				Need agitator disconnect labeled as to what it controls.
1000 GAL. COMPRESSED AIR RECEIVER	CS-1637	LO-1637	NO	YES		None							





**Lockout/Tagout  
Energy Control Standard Operating Procedure**

<b>Equipment Name:</b>	<b>Asset #</b>	<b>Lockout Procedure #:</b>
CR-1 CREAM SILO AGITATOR	1516	LO-1516

**Date Written:** 12/3/2003      **Date Revised:**

**Energy Source and Magnitude**

Electrical:	<input checked="" type="checkbox"/> YES	NO	Spring:	YES	NO
Mechanical:	<input checked="" type="checkbox"/> YES	NO	Flywheel:	YES	NO
Pneumatic:	YES	NO	Hydraulic:	YES	NO
Thermal:	YES	NO	Chemical:	YES	NO
Stored Energy:	YES	NO	Other:	YES	NO

**Voltage:**      **PSI:**

**De-energization & Lockout Procedure**

- 1. Notify:** Affected employee(s) and department supervisors that the equipment will be shutdown and locked out.
- 2. Shutdown Procedure:**  
Throw electrical disconnect for agitator to "OFF".
- 3. Lockout Procedure:**  
Place a lock and tag on the agitator electrical disconnect.
- 4. Lockout Equipment Required:** Locks and lockout devices.
- 5. Assure De-energization Of Equipment:** After lockout, try activating controls to ensure total equipment is de-energized.
- 6. Perform Work Activities:** Maintenance, Servicing, etc.
- 7. Pre Start-Up Activities:** Check that all guarding is in place and notify all affected employees of the intent to start the equipment.
- 8. Remove Locks And Lockout Devices:** Remove locks, hasps, etc.
- 9. Re-energization And Test Start Equipment:** Follow normal start up procedures.
- 10. Release Equipment To Operating Personnel:** As applicable, inform operating personnel and department supervisor the equipment is on line in operating condition.

**NOTE: Ensure all residual pressures from air or hydraulics is released and/or blocked and no other energy exists which could cause harm.**

All provisions of the \_\_\_\_\_ Hazardous Energy Control & Electrical Safety-Related Workpractices Program CFRG-EHS-12 apply.

Form Written: 7/25/2003  
Form Revised:

<b>CONFINED SPACE ENTRY OPERATING PROCEDURE</b>			
Description:		CR-1 CREAM SILO TANK	Written: 12/16/2003 Revised:
Confined Space Procedure No.:	CS-1516	Reason for Entry	
Lockout Procedure No.:	LO-1516	Cleaning (sanitation)	Maintenance
<b>POTENTIAL HAZARDS</b>		IF YES, WHAT?	Inspection
Atmospheric:	YES NO	If using cleaning chemicals or hot work is conducted in space.	
Mechanical:	YES NO	If internal components can move.	
Chemical:	YES NO	If chemicals (cleaning materials) are used in the space.	
Electrical:	YES NO	If electrical servicing is conducted without proper de-energization and lockout.	
Engulfment:	YES NO	If pipes filling space with materials are not broken.	
Other:	YES NO		
<b>CONFINED SPACE CLASSIFICATION</b>			
Vessel cleaning -Chemical useage (FULL BODY ENTRY)		ALTERNATE PROCEDURE ENTRY	
Maintenance entry (Full body entry - HOT WORK performed)		ALTERNATE PROCEDURE ENTRY	
Maintenance entry (Full body entry - NO HOT WORK)		NON-PERMIT ENTRY - Category 1	
Vessel entry - servicing (PARTIAL BODY ENTRY)		NON-PERMIT ENTRY - Category 2	
<b>CONFINED SPACE CLASSIFICATIONS &amp; ENTRY PROCEDURES</b>			
<b>ALTERNATE PROCEDURE ENTRY</b>	<b>FULL BODY ENTRY - Cleaning with chemicals or cutting/welding.</b> 1. Shut down and lockout all appropriate disconnects. Follow lockout procedure listed above. 2. Ensure all pipes which carry product are broken open. 3. Sample air at entrance of space and record readings on Alternate Procedure Entry Form. 4. Have attendant present at all times of entry into the space. 5. Put harness on and attach lanyard (life line). 6. Complete all areas of the Alternate Procedure Entry Form. 7. Ensure continuous forced ventilation is operating in the space 8. Enter space carrying or wearing the air monitor.		
<b>NON-PERMIT ENTRY Category 1</b>	<b>FULL BODY ENTRY - Servicing, inspection or routine maintenance.</b> 1. Shut down and lockout all appropriate disconnects. Follow stated lockout procedure. 2. Sample air at entrance of space and record readings on the Non-Permit Entry Form. 3. Have attendant present at all times of entry into the space. 4. Put harness on and attach lanyard (life line). 5. Complete all areas of the Non-Permit Entry Form. 6. Enter space carrying or wearing the air monitor.		
<b>NON-PERMIT ENTRY Category 2</b>	<b>PARTIAL BODY ENTRY - Servicing, inspection or routine maintenance.</b> 1. Shut down and lockout all appropriate disconnects. Follow stated lockout procedure.		
<b>NO ENTRY PERMITTED</b>	<b>NEITHER FULL BODY OR PARTIAL BODY ENTRIES ARE PERMITTED</b>		
Personal Protective Equipment Required: Dictated by the specific conditions and entry procedures.			
<b>WARNING! For everyone's SAFETY, make sure nothing has been overlooked or missed before any confined space entry. If you have questions, ask your supervisor before entering a space!</b>			
Form: CSEP Revised: 11/12/2003			

## PERMIT REQUIRED CONFINED SPACE ENTRY FORM

Permit Space to Be Entered (Location) \_\_\_\_\_  
 Purpose Of Entry \_\_\_\_\_  
 Date Of Entry \_\_\_\_\_ Time Of Entry \_\_\_\_\_ AM PM Time Of Exit \_\_\_\_\_ AM  
 PM  
 Authorized Entrants \_\_\_\_\_  
 Authorized Attendants \_\_\_\_\_  
 Entry Supervisor Authorizing Entry \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Record Hazards Of The Permit Space To Be Entered	YES	NO	Check Measures To Isolate The Permit Space And Eliminate/Control Hazards Before Entry
Lack Of Oxygen			Purge – Flush YES NO
Combustible Gas			Continuous Forced Ventilation YES NO
Combustible Vapor			Lockout/Tagout YES NO
Combustible Dusts			Inerting YES NO
Toxic Gases			Blanking, Blocking, Bleeding YES NO
Toxic Vapors			External Barricades YES NO
Chemical Contact			Confined Space Signs YES NO
Electrical Hazards			<b>Atmosphere Tests Taken Prior To Entry</b>
Mechanical Hazards			Oxygen (19.5 – 23.5% ) _____
Temperature Extremes			Comb. Atmosphere (not>10% LFL) _____
Engulfment			Carbon Monoxide (not> 35 ppm) _____
Entrapment			Test Instrument Calibrated (Date) _____
Other			Initials Of Tester _____ Date _____

### Periodic Air Sampling Data

Hazard	Reading	Time	By
Oxygen Level	_____	_____	_____
Combustibility (LFL)	_____	_____	_____
Carbon Monoxide	_____	_____	_____

**Rescue And Emergency Services**

\_\_\_\_\_ shall use non-entry rescue. This mandates use of a harness and lanyard on the entrant. In the event of an emergency requiring medical attention, call 911.

**Communication Procedures Used Between Entrant & Attendant**

Verbal \_\_\_ Visual \_\_\_ Radio \_\_\_ Other (Explain) \_\_\_\_\_

**Equipment Required With This Entry**

Safety Glasses \_\_\_ Goggles \_\_\_ Faceshield \_\_\_ Hard Hat \_\_\_ Hearing Protection \_\_\_  
 Protective Clothing \_\_\_ Gloves \_\_\_ Respiratory Protection \_\_\_ Ladder \_\_\_  
 Barriers \_\_\_ Tripod \_\_\_ Mechanical Retrieval Device \_\_\_ Other \_\_\_\_\_

**Hot Work Permit**

Any work in a confined space may change the atmospheric conditions. Any work including welding, cutting, grinding, or chipping requires completion of this section of the Permit.

Date Hot Work Authorized \_\_\_\_\_ Authorization By \_\_\_\_\_

Names Of Person(s) Conducting Hot Work  
 \_\_\_\_\_

Describe Object On Which Hot work Will Be Performed  
 \_\_\_\_\_

Fire Extinguisher Present YES NO Type \_\_\_\_\_

Fire Watch Established During And After Hot Work YES NO

Combustible Materials Evaluated Prior To Hot Work YES NO  
 \_\_\_\_\_

**THIS CONFINED SPACE ENTRY PERMIT HAS BEEN CANCELLED**

Entry Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Time AM PM

Reason for Cancellation \_\_\_\_\_

**RETURN THE COMPLETED FORM TO THE MAINTENANCE SUPERVISOR  
 RETENTION - 3 YEARS**

**Contractor Confined Space Acknowledgement Form**

\_\_\_\_\_ has confined spaces, which fall under requirements of MIOSHA Part 90 – Confined Space Entry.

As an outside contractor selected to perform work within our confined spaces, you and your employees are required by Part 90 to follow requirements of this regulation when you or your employees work within confined spaces.

By way of your signature, you attest that the company has informed you of the confined space(s) you and/or your employees will work in, potential hazards associated with those spaces, and provided you with a copy of the confined space(s) Standard Operating Procedure to be followed before and during entry. Additionally you agree to follow and have your employees follow all requirements of Part 90 and \_\_\_\_\_ requirements when entering and working within confined spaces.

You understand that you, or your employees failure to follow either the regulatory requirements and/or \_\_\_\_\_ policies and procedures could result in your immediate dismissal from the properties.

Management has discussed requirements for confined space entries and provided you with a copy of the \_\_\_\_\_ policy and procedures.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mgmt. Signature

\_\_\_\_\_  
Date

**RETURN THIS COMPLETED FORM TO THE MAINTENANCE SUPERINTENDENT**



Confined Space Location \_\_\_\_\_  
 Confined Space Identification # \_\_\_\_\_  
 Date Of Entry \_\_\_\_\_ Monitor # 1 or 2

**ALTERNATE PROCEDURE ENTRY CONFINED SPACE CHECKLIST**

*This form is to be completed for all **full body confined space entries** when either **chemical cleaning or hot work are performed**. **Prior** to entry, the requirements of the following checklist must be completed. If you answer "YES" to **all** questions, and have completed the remainder of the form, you may enter the confined space. Answering "NO" means you may not enter.*

**PRE-ENTRY CHECKLIST**

- |   |     |    |
|---|-----|----|
| 1. Does a survey of the surrounding area show it is free of atmospheric hazards?                                      | YES | NO |
| 2. Will all electrical energy sources which could pose harm be de-energized and locked out?                           | YES | NO |
| 3. If a hazard, piping been drained and valves closed and locked out prior to entry?                                  | YES | NO |
| 4. Are all other sources of energy such as steam, hydraulic, air, or mechanical which could pose a hazard locked out? | YES | NO |
| 5. Will the area remain free of all other known hazards for the duration of the entry?                                | YES | NO |
| 6. Will continuous forced ventilation be in place and used during the entire entry?                                   | YES | NO |
| 7. Are you trained in operation of the air monitoring equipment?  | YES | NO |
| 8. Are you trained and authorized to enter confined spaces?   | YES | NO |
| 9. Was a "bump" test performed on the air monitor prior to use?   | YES | NO |
| 10. Did you test the atmosphere prior to entry and record the readings below?   | YES | NO |
| 11. Will the confined space atmosphere be monitored continuously during entry?  | YES | NO |
| 12. Safety equipment including harness and lifeline present and being used for entry?                                 | YES | NO |
| 13. Will an Attendant be present at all times while the entrant is in the confined space?                             | YES | NO |
| 14. Has supervision been notified of your location prior to entry?  | YES | NO |

Entrant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have completed the above checklist and answered "YES" to all questions, you may proceed to enter the confined space following completion of the following information.

- Name(s) of all persons entering the confined space. \_\_\_\_\_
- Name(s) of attendant: \_\_\_\_\_
- Obstacles removed and cover open? YES NO
- Barrier to slipping into opening or falling objects in place? YES NO
- Mechanical ventilation in place and operating continuously? YES NO
- Continuous atmospheric monitoring functioning? YES NO

**INITIAL ATMOSPHERIC READINGS**

	Initial Readings	Periodic Readings
Oxygen (19.5 to 23.5%)	_____	_____
Flammable (LFL) (under 10%)	_____	_____
Carbon Monoxide (<35 PPM)	_____	_____

***In the event the air monitor goes into alarm at any time, list condition causing alarm and corrective actions so confined space entry may proceed.***

ENTRY WAS: Concluded Normally YES NO  
 Aborted Due to Problems Listed

**WHEN ENTRY IS COMPLETED, RETURN THIS COMPLETED FORM TO THE MAINTENANCE DEPT.**



**Confined Space Reclassification Form**

For a confined space to be reclassified from Alternate Procedures to Non – Permit entry, the following conditions must be met.

1. Will hot work be performed in the space? YES NO  
If yes, **STOP**, the space cannot be reclassified.
2. Can "self rescue" or rescue without entering be performed? YES NO  
If no, **STOP**, the space cannot be reclassified.
3. Can all physical hazards, either existing or with potential be eliminated and/or controlled?

YES NO

If no, **STOP**, the space cannot be reclassified.

4. Will all atmospheric hazards, either existing or with potential be controlled?

YES NO

If no, **STOP**, the space cannot be reclassified.

If you have met the stated conditions, the space may be reclassified to non – permit required entry.

5. Perform air sampling readings from outside the space and record below.

Oxygen (19.5 to 23.5%) \_\_\_\_\_

Combustibility (<10% LFL) \_\_\_\_\_

Carbon Monoxide (<35 ppm) \_\_\_\_\_

If all the air sampling data is within limits, and all other conditions are met in items 1 – 5, the space may be entered under "non – permit required entry".

\_\_\_\_\_  
Signature Of Evaluator

\_\_\_\_\_  
Date

## EMPLOYEE CONFINED SPACE TRAINING DOCUMENTATION

On the date indicated below, I the undersigned completed a program covering confined space entry. My training included:

1. The \_\_\_\_\_ written Confined Space Entry Policy And Procedures,
  2. Coverage of MIOSHA standard Part 90 – Confined Space Entry,
  3. Coverage of equipment usage including;
    - a) Air monitoring and calibration,
    - b) Harness and lifeline, and
    - c) Portable forced ventilation system.
1. The class provided a time for questions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Date

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On the date listed below, I the undersigned received refresher training covering confined space entry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer's Signature

\_\_\_\_\_  
Date

J

## Confined Space Program Annual Review Form

The written Confined Space Entry Policy and Procedures Program along with completed permits and checklists were reviewed on the stated date.

The review was performed in accordance of MIOSHA Part 90.

Reviewed for the period of \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date