

Confined Space Hazard Assessment

Confined Space Name: _____

Confined Space Location: _____

Confined Space Identification #: _____ Performed by: _____

Date: _____

In confined spaces, hazards may exist as a result of the design, construction, location, use or contents of the space; they may also develop during the work activity inside the confined space. The hazard assessment involves the identification and evaluation of the nature and magnitude of the hazards in the confined space. The assessment must be performed prior to such activities as selecting hazard controls, developing space-specific entry procedures, specifying entry and rescue equipment and before entry and work in the confined space.

1) Access to the Confined Space: Entrance/Exit Accessibility and Configuration

Is the Entrance/Exit easily accessible? _____

Describe the entrance/exit. Select all that apply:

Location:

Top

Bottom

Side

Type:

Round

Oval

Square

Other: _____

Size:

(Diameter, etc.): _____

Is there a Vertical Entry/Exit: If yes, select all that apply:

Stair

Portable Ladder

Fixed Ladder

Other: _____

Condition: _____

Distance down/in: _____

Tripod to be used and limitations: _____

Other Method and limitations: _____

Is there a Horizontal Entry/Exit? If yes, select all that apply.

Elevated entry/exit: _____

Is a work platform provided for elevated entry? _____

Distance in: _____

Retrieval device to be used: _____

Limitations: _____

2) Internal Configuration and Features of Confined Space

Ceiling inside space: If yes, select all that apply.

Low ceilings

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Crawl in |
| <input type="checkbox"/> Erect | <input type="checkbox"/> Hands and Knees |
| <input type="checkbox"/> Stooped | <input type="checkbox"/> Stomach/Back |
| <input type="checkbox"/> Other: _____ | |

Head Hazards: _____

Footing inside space: If yes, select all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Flat surface | <input type="checkbox"/> Slippery surface |
| <input type="checkbox"/> Sloping Surface | <input type="checkbox"/> Cramped |
| <input type="checkbox"/> Uneven surface | |

Climb/step over obstructions: _____

Are there Tripping Hazards? _____

Other internal features of space: If yes, select all that apply.

- Poor lighting: _____
- Sharp objects: _____
- Spilled Chemicals: _____
- Rusty Surfaces: _____
- Animal/Insects: _____
- Chemical coated walls/surfaces: _____
- Biological residue/slime: _____
- Liquids on floor/walking surfaces (standing water): _____
- Pipelines going through the space: _____

Materials in pipes/lines: _____

Pipes with mechanical joints (flanges, valves) inside space _____

Site Support: If yes, select all that apply.

- Grounding point available: _____
- Electrical services present: _____
- Anchorage points for rescue: _____

3) Adverse Temperatures: If yes, select all that apply.

Heat Stress

- Hot pipes/lines: _____
- Steam lines: _____

- Direct sun exposure: _____
- Other: _____

Cold Stress

- Coolant lines: _____
- Ice formation: _____
- Other: _____

4) Noise/Vibration: if yes, select all that apply.

Noise

- Traffic
- Other: _____

Is the noise a(n):

- Annoyance
- Communications Interference

Vibration

- Does the vibration cause discomfort? _____
- Other: _____

5) Chemical Hazards: If yes, select all that apply.

Chemicals present:

- Pipes/lines
- Open tank(s)
- Closed tank(s)
- Spilled

Accumulation of

- Explosive agents
- Flammable
- Combustible

Chemical Exposure Potential: _____

Are MSDSs available? _____

6) Radiation Hazards: If yes, select all that apply.

Ionizing:

- Radioisotopes: _____
- Sealed Sources: _____

Non-Ionizing:

- Micro-wave
- Radiofrequency
- Laser(s)
- Other: _____

7) Electrical Hazards: If yes, select all that apply.

Possible contact with energized conductors: _____

Lockout procedures required: _____

Lockout points identified: _____

8) Mechanical Hazards: If yes, select all that apply:

Are there moving/rotating belts, blades, gears, pinch points, etc.: _____

Lockout procedures required: _____

Lockout points identified: _____

9) Hydraulic/Pneumatic Hazards: if yes, select all that apply:

Hydraulic: _____

Pneumatic: _____

10) Engulfment Hazards: if yes, select all that apply.

Liquid Powder/Grains

Sludge/Sewage: _____

11) External Hazards: if yes, select all that apply.

Traffic hazard Overhead electrical wires

Precipitation Spill or possibility of objects falling into opening

Parking Lot (loading area/parking spaces in vicinity)

12) Other Considerations: Hot Work: if yes, select all that apply.

Welding Grinding

Cutting Power Tools

Other: _____

13) Other Considerations: Ventilation

Space has configuration that will hamper ventilation/purging Convoluted space

Other: _____ Large volume

Additional opening(s): _____

14) Other Considerations: Communications

Entrants can be visually observed by attendant: _____

Voice only adequate Radio required

Visual hand signal adequate Intercom

Internal telephone available Rope signal

Cell Phone required

15) Other Considerations _____
