

CONFINED SPACE HAZARD ASSESSMENT

Confined Space Name/Location/Identification #:	Performed by:	Date:
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Contents or use of Space: _____

Expected atmospheric hazard: _____

Hazard measured by: Air monitoring Other means _____

Air monitor sensor required _____

1) Access to the Confined Space

Entrance/Exit Accessibility and Configuration (check where applicable)

- Entrance/Exit easily accessible Yes No

- Describe entrance/exit:

Location: Top Bottom Side

Type: Round Oval Square Other: _____

Size (Diameter, etc.): _____

Vertical Entry/Exit Yes No

Stairs Fixed Ladder Portable Ladder Other: _____

Condition: _____

Distance down/in: _____

Tripod to be used: Yes No Limitations: _____

Other Method: Yes No Limitations: _____

Horizontal Entry/Exit Yes No

Elevated entry/exit Yes No _____

Work platform provided for elevated entry Yes No Not necessary _____

Distance in: _____

Retrieval device to be used: _____

Limitations: _____

2) Internal Configuration and Features of Confined Space (check where applicable)

- Ceiling inside space:

Low ceilings Yes No _____

Walk in Erect Stooped

Crawl in Hands and Knees Stomach/Back

Head Hazards Yes No _____

- Footing inside space:

Flat surface Sloping Surface Uneven surface Slippery surface Cramped

Climb/step over obstructions: _____

Tripping Hazards Yes No _____

• Other internal features of space:

- Poor lighting Yes No _____
Sharp objects Yes No _____
Spilled Chemicals Yes No _____
Rusty Surfaces Yes No _____
Animal/Insects Yes No _____
Chemical coated walls/surfaces Yes No _____
Biological residue/slime Yes No _____
Liquids on floor/walking surfaces (standing water) Yes No _____
Pipelines going through the space Yes No _____
Materials in pipes/lines: _____
Pipes with mechanical joints (flanges, valves) inside space: _____

• Site Support:

- Grounding point available Yes No NA _____
 Electrical services present Yes No NA _____
 Anchorage points for rescue Yes No NA _____

3) **Electrical Hazards** Yes No

Possible contact with energized conductors Yes No _____

Lockout procedures required Yes No Lockout points identified Yes NA

4) **Mechanical Hazards** Yes No

Moving/Rotating belts, blades, gears, pinch points, etc. Yes No _____

Lockout procedures required Yes No Lockout points identified Yes NA

5) **Hydraulic/Pneumatic Hazards** Yes No If "Yes" continue; if "No" proceed to #10:

Hydraulic Yes No _____
Pneumatic Yes No _____

6) **Engulfment Hazards** Yes No

Liquid Powder/Grains Sludge/Sewage _____

7) **External Hazards** Yes No

Traffic hazard Parking Lot (loading area/parking spaces in vicinity) Precipitation
 Overhead electrical wires Spill or possibility of objects falling into opening

8) **Other Considerations: Hot Work**

Yes No If "Yes" continue below; if "No" proceed to #13:
 Welding Cutting Grinding Power Tools Other _____

9) **Other Considerations: Ventilation**

- Space has configuration that will hamper ventilation/purging
 - Convoluted space
 - Large volume
 - Other _____
- Additional opening(s) _____

10) Other Considerations: Communications

- Entrants can be visually observed by attendant Yes No
- Voice only adequate Visual hand signal adequate Internal telephone available
- Cell Phone required Radio required Intercom Rope signal

11) Adverse Temperatures Yes No

• Heat Stress

- Hot pipes/lines Yes No _____
- Steam lines Yes No _____
- Direct sun exposure Yes No _____ Other Yes No _____

• Cold Stress

- Coolant lines Yes No _____
- Ice formation Yes No _____
- Other Yes No _____

12) Noise/Vibration Yes No :

Noise

- Traffic Yes No Other: _____
- Annoyance Yes No Communications Interference Yes No

Vibration

- Discomfort Yes No Other: _____

13) Chemical Hazards Yes No

- Chemicals present: Pipes/lines Closed tank(s) Open tank(s) Spilled
- Accumulation of flammable/ combustible/ explosive agents Yes No
- Chemical Exposure Potential: _____ MSDSs available Yes No

14) Radiation Hazards Yes No

Ionizing:

- Radioisotopes Yes No _____
- Sealed Sources Yes No _____

Non-Ionizing:

- Micro-wave Yes No Radiofrequency Yes No Other: _____
- Laser(s) Yes No _____

15) Other Considerations
