

## Confined Space Hazard Assessment

<b>Location:</b>	<b>Hazard Assessment Conducted By:</b>
<b>Confined Space No:</b>	<b>Date:</b>
<b>Space Size/ Volume:</b>	<b>Department:</b>
	<b>Supervisor:</b>
<b>Typical Entry Purpose:</b>	<b>Confined Space Description:</b>

**Confined Space Classification:**  Low  Moderate  High      **Permit Required:**  Yes  No

**Atmospheric Monitoring Instrument Information:**

<b>Meter Name/ Model:</b>	<b>Calibrated/ Bump Test By:</b>
<b>Calibration Date:</b>	<b>Bump Test Date:</b>

**Atmospheric Monitoring Information Inside Space:**

Gas Tested	O2	%	CO	PPM	H2S	PPM	LEL	%
<b>Instrument Reading</b>								

### IDENTIFICATION OF HAZARDS

<b>Chemical Hazards: (O2, CO, LEL, H2S, other)</b>	<b>Lighting:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<b>Ease of Entry:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<b>Moving Parts/ Entrapment Hazards:</b>
<b>Electrical Hazards:</b>	<b>Potential For Heat Stress:</b>
<b>Gas, Liquid or other piping:</b>	<b>Potential Slip &amp; Fall:</b>
<b>Hot Surfaces/ Potential For Burns:</b>	<b>Other:</b>

**Work Activities Inside Space That May Alter Atmosphere**

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## CONTROL MEASURES

<b>Air Monitoring of Space:</b>	<b>Isolation of Space:</b>
<b>Barriers to Control Access:</b>	<b>Ventilation of Space:</b>
<b>Communication System:</b>	<b>Entry Attendant Required:</b>
<b>Lockout/ Tagout:</b>	<b>Intrinsically Safe Monitoring Equipment:</b>  <b>Post Warning Signs:</b> <b>Spark-Proof Tools:</b> <b>Additional Precautions:</b>
<b>Emergency Retrieval System:</b>	<b>Other:</b>

## PERSONAL PROTECTIVE EQUIPMENT

<b>Eye &amp; Face Protection:</b>	<b>Hand Protection:</b>
<b>Safety Glasses:</b>	<b>PVC or Rubber Chemical Gloves:</b>
<b>Goggles:</b>	<b>Heat Resistant Gloves:</b>
<b>Face Shield:</b>	
<b>Head, Body &amp; Foot Protection:</b>	<b>Fall Protection:</b>
<b>Chemical Tyvek Coveralls:</b>	<b>Retractable Lifeline:</b>
<b>Steel-Toed Chemical Boots:</b>	<b>Full Body Harness:</b>
<b>Hard Hat:</b>	<b>Tripod:</b>
<b>Steel Toed Shoes:</b>	
<b>Respiratory Protection:</b>	<b>Hearing Protection:</b>
<b>SCBA:</b>	<b>Ear Plugs:</b>
<b>Half Mask Particle Respirator:</b>	
<b>Half Mask Chemical Respirator:</b>	
<b>Other:</b>	

**CERTIFICATION:** All Hazards and Control Measures associated with the space have been identified

**Signature (Certifying Employee):** \_\_\_\_\_ **Date:** \_\_\_\_\_

