

Confined Space Hazard Assessment

Date:	Location:	Prepared by:
CSI#:	CS Permit #:	Reviewed by:

Description of work to be done:

Hazard Assessment

Do the following hazards exist now, or is it possible they may develop during the entry work?

Y = Yes N = No P = Possible IR = Initial Risk RR = Residual Risk

	Y	N	P	IR ₁	Hazard Controls	RR ₂
Oxygen deficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Oxygen enrichment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Flammable or explosive atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Toxic atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Toxic substances present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Toxic substances introduced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Biological Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Insects or vermin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Fall hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Falling objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Stored energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Mechanical equipment (moving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

¹ See Risk Assessment Matrix

² See Risk Assessment Matrix

	Y	N	P	IR ₁	Hazard Controls	RR ₂
Liquids posing a drowning hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Engulfment by free flowing solids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pressurized lines or components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Inflow of liquids, solids or gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Inadequate space for work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Temperature extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Work or activity by others in or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Structural failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Openings (allowing falls or injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Residual purge materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Unauthorized Entrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Traffic , equipment outside the space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Hazard Controls (specify applicable item above)
