

Confined Space Hazard Assessment

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

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

Atmospheric Monitoring Instrument Information:

Meter Name/ Model:	Calibrated/ Bump Test By:
Calibration Date:	Bump Test Date:

Atmospheric Monitoring Information Inside Space:

Gas Tested	O2	%	CO	PPM	H2S	PPM	LEL	%
Instrument Reading								

IDENTIFICATION OF HAZARDS

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

Work Activities Inside Space That May Alter Atmosphere



CONTROL MEASURES

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

PERSONAL PROTECTIVE EQUIPMENT

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

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

Signature (Certifying Employee): _____ Date: _____

