## I. CONFINED SPACE CLASSIFICATION

This space is a:
- [ ] Permit-Required Confined Space
- [ ] Non-Permit Required Space
- [ ] Entry Under Alternate Procedure
  (Program Administrator Approval)
- [ ] Not a Confined Space

## II. CONFINED SPACE LOCATION/DESCRIPTION

Department Name: ___________________________  Space Number: _______
Confined Space Description: ___________________________

<table>
<thead>
<tr>
<th>Space Access</th>
<th>At Ground/Floor Level</th>
<th>Below Ground/Floor Level</th>
<th>Elevated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor</td>
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<tr>
<td>Outdoor</td>
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</table>
  - If outdoors, give reference points & distance

Dimensions: ____ X ____ X ____ (feet)

No. of Access Openings: ___________________________

<table>
<thead>
<tr>
<th>Volume (cubic feet):</th>
<th>Primary Access Point:</th>
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Means or Access Into Space:
- [ ] Portable Ladder
- [ ] Existing Ladder
- [ ] Stairwell
- [ ] Above Ground Hand Hold Provided.
- [ ] Horizontal
- [ ] Elevated
- [ ] Vertical
- [ ] Other: ___________________________

## III. PROCESS PERFORMED IN SPACE

Identification of Process: ___________________________

Chemicals or Hazardous Materials in Use?  [ ] YES  [ ] NO

If Yes:
- [ ] Chemical or Hazardous Material Name (describe below)  Quantity (Lbs./Gals.)
  - ___________________________
  - ___________________________
  - ___________________________
  - ___________________________

[ ] Copy of MSDS required at worksite.

Waste Products/Sludge Present When Space is Emptied?  [ ] YES  [ ] NO

## IV. ENTRY PARAMETERS

Primary Reason for Entry:
- [ ] Preventative Maintenance
- [ ] Inspection
- [ ] Cleaning
- [ ] Maintenance Repair
- [ ] Other: ___________________________

Frequency of Entry:
- [ ] Daily
- [ ] Weekly
- [ ] Monthly
- [ ] Other: ____
## IX. HAZARD IDENTIFICATION

### Atmospheric Hazards
- Oxygen deficiency
- Oxygen enrichment
- Flammable substances
- Toxic gases, vapors, liquids

### Content Hazards
- Decomposing organic matter
- Shifting content
- Envelopment
- Dust
- Inerting agents (Nitrogen, Argon, Carbon Dioxide)
- Content fill or removal
- Hazardous material

### Configuration Hazards
- Interior shape or slope
- Low overhead clearance
- Drop offs
- Complex layout
- Structural integrity
- Compartmentalized
- Elevated work surfaces
- Sharp surfaces
- Inwardly converging walls
- Maneuverability

### Environmental Hazards
- Slippery surfaces
- Noise
- Vibration
- Extreme temperatures within space
- Damp / wet conditions
- Snakes / rodents / insects
- Falling objects / suspended loads
- Fire suppression systems
- Poor illumination/visibility
- Asbestos
- Others: ____________________________

### Potential Energy Sources
- Electrical
- Hydraulic
- Pneumatic
- Mechanical
- Steam
- Piping systems
- Spring actuated
- Gravity
- Others: ____________________________
- ____________________________

### External Hazards
- Traffic
- Machinery / equipment
- Work in neighboring compartments
- Terrain
- Weather
- Processes
- Others: ____________________________

### XX. SPECIAL HAZARDS / REQUIREMENTS / NOTES

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*NOTE* - Work activities that may result in the use of chemicals which are not identified on this form being introduced into the confined space, hot work performed within the confined space, or any other activity resulting in hazard changes, will require that the space be re-evaluated. These must be authorized and approved for use within the space by the Confined Space Entry Program Administrator, prior to entry.

### EVALUATORS

<table>
<thead>
<tr>
<th>(NAME: print legibly)</th>
<th>(TITLE)</th>
<th>(DATE: dd/mm/yy)</th>
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Confined Space Hazard Assessment Form

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Revised: 8 April, 2005