



Confined Space - Pre-Entry Hazard Assessment

The purpose of this form is to identify the hazards associated with a confined space and to determine the procedures and safety precautions required for entry into the space. This form is to be used by an employee trained in Confined Space Entry.

Date: _____ Location: _____ Type of Space: _____

Description of work to be done: _____

Name: _____ Signature: _____

SECTION 1 - Hazard Evaluation Checklist

Check those items that are a significant hazard, either because of the potential risk if the hazard is not controlled and need to ensure that controls are present, or because the hazard is present to an extreme degree.

Hazards	Does the hazard exist or have the potential to develop due to work to be conducted in the space?	Can the hazard be eliminated or controlled? (If YES, briefly describe method of control, i.e. lockout/tagout, ventilation, lighting.)
Process Hazard		
Personal Confinement (Entrapment / Entanglement)		
Stored Energy - Electrical		
Stored Energy - Hydraulic/Pneumatic		
Stored Energy - Gravity/Mechanical		
Safety Hazards- Engulfment/Immersion		
Safety Hazards - Electrical Shock		
Safety Hazards - Fire/Explosion		
Safety Hazards - High/Low Pressure Atmosphere		
Safety Hazards - Hot/Cold Surface		
Safety Hazards - Slip, Trip or Fall		
Safety Hazards - Structural Hazard		
Safety Hazards - Visibility/Light Level		
Physical Agents - Heat/Cold		
Physical Agents - Noise/Vibration		
Physical Agents - Biological Hazard		
Physical Agents - Chemical Hazard (Contact w/ Skin, eyes, etc.)		
Physical Agents - Ionizing Radiation		
Physical Agents - Radiation (Lasers, UV, Microwaves, Radio)		
Other (List)		
Other (List)		



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SECTION 2 - Atmospheric Hazards Checklist : Indicate whether the following atmospheric hazards exist in the space or will be introduced into the space due to the work to be done in the space.

Hazards	Does the hazard exist or have the potential to develop due to the work to be done in the space?	Level Measured	Equipment used for test. Instrument name & serial number	Calibration verification (Date & Time)	Can the hazard be eliminated or controlled by ventilation?
Oxygen Deficiency (<19.5%)					
Oxygen Enrichment (>23.5%)					
Fire/Explosion (>10% LEL)					
Carbon monoxide (>35ppm)					
Hydrogen Sulfide (>10ppm)					
Other (List)					
Other (List)					
Other (List)					

SECTION 3 - Decision Tree

- Are there any serious safety or health hazards identified in Sections 1 or 2?
 YES (Go to question 2.)
 No (If the space is designated as a permit space, it can be reclassified to a non-permit space. Complete section 4 below.)
- Does the space pose an actual or potential atmospheric hazard?
 Yes (go to question 3.)
 No (go to question 4.)
- Is the only hazard in the space an atmospheric hazard that can be controlled by adequate ventilation?
 Yes (You may use the alternate entry procedures)
 No (permit Entry is required.)
- Can all hazards be eliminated without entry into the space?
 Yes (Space can be reclassified as non-permit entry. Complete Section 4 below)
 No (permit Entry is required.)

SECTION 4 - Reclassification To Non-Permit Space

I certify that the space does not contain or have the potential to contain an atmospheric hazard for the duration of this job, and that all other hazards identified have been eliminated by use of controls noted above. The space is reclassified as a non-permit space for the duration of this job as long as all controls are initialed above are in place.

Signature: _____ Date: _____

Proceed with entry taking appropriate safety precautions, as noted on the hazard assessment.