

Site Location/Description: WO #:					VO #:				
Date:									
CONFINED SPACE DETERMINATION									
1. Is the space enclosed or partially enclosed?									
2. Is the space not designed or intended for human occupancy?									
3. Does the space have limited or restricted means for entry/exit? (i.e. crawl, climb, bend, mechanically transported to enter space)									
A CONFINED SPACE	EXISTS IF ALL	. THE ABOVE ARE A	ANSWERED YES						
AND IF ANY OR ALL	OF THE THREE	EQUESTIONS BELO	OW ARE ANSWERE	D YES, "AT THE SAME	E TIME"				
1. Is or could the space	become hazardou	s to a person entering i	t because of its design	, atmosphere, location, cor	nstruction?				
2. Is or could the space	become hazardou	s to a person entering i	t because of materials	or substances or other cor	nditions?				
3. Is or could the space	become hazardou	s to a person entering i	t because of any work	activity planned for the spa	ace?				
OUTLINE REASON F	OR ENTRY								
	DPE (type of wor	k being conducted in							
FINAL SPACE DETE	RMINATION (ba	sed on above)							
	, , , , , , , , , , , , , , , , , , ,	,							
SPACE CHARACTER	RISTICS								
Notes:									
General Shape:									
RELEVANT DIMENSIONS:	SPACE	ACCESS POINT #1	ACCESS POINT #2	Use/Function:					
Height:				Contents:					
Width:				Specific Machinery In:					
Length:				Adjacent Piping into the Space:					
Diameter: Adjacent Piping out of the Space:									
Volume: Other Confined Spaces Within?									



CONFINED SPACE PIC	TURE	S									
PART A - HAZARD ASSESSMENT - The following hazard assessment does not factor additional hazards created by the planned work activities.											
		HAZARD			POTENTIAL PRESENCE						
CATEGORY					YES		NO		NOTES		
	1	OXYGEN DEFICIENCY (>19.5%)									
GAS		OXYGEN ENRICHMENT (<22.5%)									
LT S		FIRE/EXPLOSIVE GASES/VAPOURS (<10%LEL)									
NIC - MI		HYDROGEN SULFIDE (<1ppm)									
RDS		CARBON MONOXIDE (<25ppm	ı)								
AZAI NT F	PRE	PRE-ENTRY TESTING LEVELS (MEASURED AT TIME OF THIS HAZARD ASSESSMENT):									
L H C	PARAMETER MEASURED				RESULTS						
STRI	OXY	GEN	TOP:		MIDDLE:			BOTTO	OM:		
IdSC	LEL		TOP:		MIDDLE:			BOTTO	OM:		
TMO	HYDROGEN SULFIDE		TOP:		MIDDLE:	≣:		BOTTO	OM:		
4	CARBON MONOXIDE		TOP:		MIDDLE:			BOTTO	OM:		
		HAZARD			POTENTIAL			NOTES			
CATEGORY					PRESENCE		_				
					YES	NO					
MICA RER OS- ARD	2	Chemicals									
ATM ATM AZM AZM S	3	Chemical Residue									
	4	Chemical Reactivity Mold/Posterio									
0- ICAL	5	Mold/Bacteria									
BI HAZ	7										
	8	Noise									
2 K	9	Vibration									
PHYSICA AGENTS	10	Temperature Extremes									
	11	Radiation									
	12	Laser									
. z	13	Structural									
ICAL N- ATIO	14	Personal Confinement									
	15	Floor Openings									
	16	Convoluted Space									



CATEGORY	HAZARD		POTENTIAL PRESENCE		NOTES	
			YES	NO		
	17	Overhead				
	18	Sharp Edges				
	19	Mechanical				
	20	Electrical				
	21	Adjacent Piping/ Process Lines				
RDS	22	Flooding				
AZA	23	Engulfment				
L H	24	Entrapment/ Entanglement				
SICA	25	Fall				
КНе	26	Entry/Exit				
-	27	Working Surface/ Material Temperature				
	28	Sharps (Needles/Syringes)				
	29	Vehicular Traffic/ Moving Equipment				
	30	Worker/Public Interference				
	31	Animal Interaction				
	32	Visibility/Light Level				
⊳ S	33	Communication				
AFET	34	Other Ergonomic				
HA S/	35	Slip/Trip				
	36	Weather Conditions				
LOCK OUT/ TAG OUT	37	Electrical Lockout				
	38	Process Piping				
	39	Mechanical Lockout				
	40	Process operation				
ż J S	42	Possibility of Molds				
/IRO NTA ZARI	43	Mildew				
ENV ME HAZ	44	Fungus				



CATEGORY	HAZARD			POTENTIAL PRESENCE		NOTES			
				YES	NO				
	47	Vertical top Ex	traction						
CUE	48	Horizontal Extr	raction						
RES	49	Bottom Tank E	xtraction						
_	50	Vertical Hazard Inside							
۲.	51								
Ë	52								
Ö	53								
PRE-JOB TOOLBOX MEETING									
Review of Confined Sp	ace Haz	zard Assessment	Review of	f Confined Space Ent	try Permit				
Topics / Worker Concerns	/ Sugge	stions:							
ACKNOWLEDGEMENT - BELOW PRIOR TO THE C	ACKNOWLEDGEMENT – THE SUPERVISOR, THE CONFINED SPACE ATTENDANT AND ALL ENTRANTS MUST ACKNOWLEDGE BELOW PRIOR TO THE COMMENCEMENT OF WORK IN THE CONFINED SPACE.								
By signing this Confined S Toolbox Meeting, understa Confined Space Entry Perr	By signing this Confined Space Hazard Assessment, I acknowledge that they have received appropriate training, have attended the Pre-Job Toolbox Meeting, understand and will adhere to the method of working and conditions described in the Confined Space Hazard Assessment and Confined Space Entry Permit								
CONFINED SPACE SUPE	RVISO	R:							
NAME:		SIGNATURE:				D	ATE:		
CONFINED SPACE ATTE	NDANT	:							
NAME: SIGNATURE:					D	ATE:			
CONFINED SPACE ENTRANTS:									
NAME:			SIGNATURE:			D	ATE:		
NAME:			SIGNATURE:			D	ATE:		
NAME:			SIGNATURE: DATE:						
NAME:			SIGNATURE:		D	ATE:			
NAME:			SIGNATURE:		D	ATE:			
NAME:			SIGNATURE:			D	ATE:		
NAME:					D	ATE:			
This hazard assessment of and planned work activities	nly outlii s – as in	nes the potential I dicated above. SI	nazards identified hould there be AN	for the spaces as do IY change in the space	cumented ce conditio	at the time ns, potentia	of assessment, based on known al hazards, and/or work activities,		

the Supervisor must be immediately notified, ALL confined space work must cease and the Supervisor must conduct a re-assessment. Refer to the specific confined space entry procedures for the required controls, equipment and tasks required for safe entry and work.