

# Confined Space Risk Assessment

General Details			
Space Name:		Functional Loc No:	
Site & Area:		CS Register No:	
Space Type:		ID Team:	
Space Location:		Date of Evaluation:	
<b>Confined Space:</b> (the top box must be ticked and at least one of the italics)	Enclosed or Partially Enclosed that is not intended or designed primarily for human occupancy, within which there is one or more of the following:		<input type="checkbox"/>
	<i>An oxygen concentration outside the safe oxygen range</i>		<input type="checkbox"/>
	<i>A concentration of airborne contaminant that may cause impairment, loss of unconsciousness or asphyxiation</i>		<input type="checkbox"/>
	<i>A concentration of flammable airborne contaminant that may cause injury from fire or explosion</i>		<input type="checkbox"/>
	<i>Engulfment in a stored free-flowing solid or a rising level of liquid that may cause suffocation or drowning</i>		<input type="checkbox"/>
	<i>Is this area considered a Confined Space?</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>If Yes, Continue with the Assessment. If No, consider adding this to the Hazardous Area Register</b>		
Reason why this is considered to be a hazardous area			

Nature of the space				
Describe the space:				
Primary intent of the space:				
What is the space made of:				
Number and sizes of every entry point and ID Number if available:				
Chemicals that may be in space:	Diesel <input type="checkbox"/>	Methane <input type="checkbox"/>	Hydrogen Sulphide <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
	Carbon Monoxide <input type="checkbox"/>	Flocculent <input type="checkbox"/>	Sulphuric Acid Vapour <input type="checkbox"/>	Ammonia <input type="checkbox"/>
	Chlorine <input type="checkbox"/>	Asphyxiants <input type="checkbox"/>	Radioactive Mineral Dust <input type="checkbox"/>	Carbon Dust <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	List:		



**Photograph overview / Schematic plan of the space/ entry points**



**Confined Space Signage**

Does a legible Confined Space sign exist on this space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will this space need a new Confined Space sign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a legible Functional Location Number on this space	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Most Probable Task			Is Entry Necessary?		Other Potential Methods
Inspection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cleaning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Routine Maintenance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Describe routine maintenance:					
Does a SWP, exist for the most probable task?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Document No.:					
<b>Re-design Opportunities</b>					
Can re-design of the space remove the need for entry?			Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined <input type="checkbox"/> - If Yes complete below		
List the possible re-design solutions					



# Inherent Hazards – Risk Assessment

**Note: This risk assessment addresses hazards inherent to the space.**

**It does not take into consideration hazards resulting from tasks completed in or on the space. A task specific JSA is required before any work commences.**

## Inherent Atmospheric Hazards (During normal operation?)

Hazard	Risk Level (uncontrolled)					Controls
	N/A	Low	Mod	Sig	High	
Oxygen deficient or surplus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Combustible gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toxic gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Potential Atmospheric Hazards (When shutdown what could enter the space?)

Hazard	Risk Level (uncontrolled)					Controls
	N/A	Low	Mod	Sig	High	
Contaminants in sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contaminant in fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxidation, decomposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surrounding environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Engulfment

Hazard	Risk Level (uncontrolled)					Controls
	N/A	Low	Mod	Sig	High	
Stored Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Introduced Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Product – Hang Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potential Bridging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## External factors

List all external factors which may alter risk factors:



# Inherent Hazards – Risk Assessment

**Note: This risk assessment addresses hazards inherent to the space.**

**It does not take into consideration hazards resulting from tasks completed in or on the space. A task specific JSA is required before any work commences.**

## Other Inherent Hazards

Movement of the space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving equip (in/outside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stored energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural hazards, insects, vermin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrocution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ergonomics, poor posture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficult access / egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire, explosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation (UV, sunlight, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slips / Trips / Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Remote Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubber lined vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Linatex lined vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## Minimum Mandatory Isolation, Gas Testing & Ventilation Requirements

**Note:** These are the minimum isolation, gas testing and ventilation controls required for the inherent isolation, gas or ventilation hazards of this space. Review the inherent hazard risk assessment and perform a task specific JSA to identify and control any additional or introduced hazards.

### Isolations

**Isolations Required?** Yes ☐ No ☐ - If Yes complete below

Isolations	Required		Comments / Details
Primary Isolation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Secondary Isolation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Additional Energy or Product Sources (Water, Sludge, Gas, Chemicals etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Gas Testing

**Gas Testing Required?** Yes ☐ No ☐ - If Yes complete below

Gas Testing	Required		Comments / Details
Before Entry	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Continuous	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Determined by JSA due to introduced hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Particle Exposure (silica, chrysotile)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### Ventilation

**Ventilation Required?** Yes ☐ No ☐ - If Yes complete below (If yes, Ventilation plan required)

Ventilation	Required		Comments / Details
Natural	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Forced Mechanical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Extraction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Diffusion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**For additional controls please refer to the inherent hazard risk assessment in the previous section. Then, in combination with these complete, a JSA specific to the task to be performed. This should then provide the overall risk and set of controls required for the task.**



## Base Ventilation Plan

**Note: Detailed below is the minimum ventilation plan required for the inherent hazards of the space.  
The plan shall be amended to address any additional ventilation requirements as identified in the task specific JSA  
for the task prior to work commencing.**

**List details below**

**System diagram**

## Base Gas Testing Plan

**Note: Detailed below is the minimum gas testing plan required for the inherent hazards of the space.  
The plan shall be amended to address any additional gas testing requirements as identified in the task specific JSA  
for the task prior to work commencing.**

**List details below**

**System diagram**



## Base Rescue Plan

**Note: Detailed below is the minimum rescue plan for the inherent hazards of the space. The plan shall be amended to address any additional rescue requirements as identified in the task specific JSA prior to undertaking the task.**

### Emergency Response Team Requirements

First Aid	Rope Rescue	Breathing Apparatus	HAZMAT	Fire
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Response Requirements (When do Emergency Services have to know about the task?)

Contact ESOs prior to entry	Contact ESOs upon emergency	ERT at the space prior to entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Ph:		Emergency Radio Channel:
Emergency Contact person		
Nearest pick-up point:		

### Shut Down Team Equipment Requirements Prior to Work Commencing

Tripod / Scaffold Frame	<input type="checkbox"/>	Basket Stretcher	<input type="checkbox"/>	O <sub>2</sub> Resuscitation Equipment	<input type="checkbox"/>
Rescue Master (3:1 Haulage)	<input type="checkbox"/>	Roll-up Stretcher	<input type="checkbox"/>	Breathing Apparatus	<input type="checkbox"/>
6:1 Haulage Kit	<input type="checkbox"/>	Rescue Strap	<input type="checkbox"/>	Emergency Lighting	<input type="checkbox"/>
Belay Kit	<input type="checkbox"/>	Polycarbonate Slide Sheet	<input type="checkbox"/>	HAZMAT Chemical Suit	<input type="checkbox"/>
Harness (Attach at all times)	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	Fire Equipment	<input type="checkbox"/>
Ferno KED	<input type="checkbox"/>	Other			

### Rescue Plan (Diagram and/or notes)

Stand-by person qualifications:

Specific actions of Stand-by person in an emergency:

Specific controls that must be used to assist any potential rescue (eg harness and life-line must be worn at all times)

### Rescue team information:

### Recommended extraction method

### REHEARSAL REQUIREMENTS

Rehearsal frequency:	6 monthly <input type="checkbox"/>	Annually <input type="checkbox"/>	2 Yearly <input type="checkbox"/>	Date of last rehearsal:	
----------------------	------------------------------------	-----------------------------------	-----------------------------------	-------------------------	--

**General notes:** Ensure all equipment is tagged quarterly and inspected by a competent person.

*In the event of any emergency the alarm MUST be raised immediately. Stand-by personnel must be prepared to initiate rescue procedures. DO NOT enter the space in an emergency, attempt to rescue from outside if possible, qualified first-aider must be available in the event of emergency. If trained and able to do so, attempt to extinguish a fire. If any situation is beyond control evacuate the area and wait further instructions.*

Title	Sponsor	Last Review	Issued	Next Review	Pages
Risk Assessment – Confined Space	OHS Department	N/A	04/03/2013	04/03/2015	7 of 7