

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:	
Confined Space: (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"/>
	An oxygen concentration outside the safe oxygen range		<input type="checkbox"/>
	A concentration of airborne contaminant that may cause impairment, loss of unconsciousness or asphyxiation		<input type="checkbox"/>
	A concentration of flammable airborne contaminant that may cause injury from fire or explosion		<input type="checkbox"/>
	Engulfment in a stored free-flowing solid or a rising level of liquid that may cause suffocation or drowning		<input type="checkbox"/>
	Is this area considered a Confined Space?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, Continue with the Assessment. If No, consider adding this to the Hazardous Area Register		
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.:					
Re-design Opportunities					
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					