

HANFORD CONFINED SPACE HAZARD IDENTIFICATION FORM

Work Package No.

CS ID

SECTION 1

1. Haz Eval Performed By:

ADD ROW

Print Name/Signature

Organization

Date

_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

2. Facility/Project Mgr. (Space Owner)

Print Name

Organization

Date

3. Space Posted? Yes No NA

SECTION 2

1. Location: (area, bldg., room, other)

2. Space Description: (function, configuration, dimensions, type of space, above/below ground, access)

3. Multiple Access Ports? Yes No

SECTION 3

1. Is the space a confined space (all 3 criteria below have been met)? Yes No

The Space: (*check all boxes that apply*)

- is large enough and so configured that an employee can bodily enter and perform assigned work.
- has limited or restricted means for entry or exit.
- is not designed for continuous employee occupancy.

2. Is this a Permit Required Space (any of the four conditions below have been met)? Yes No

Does the Space:

- contain or have the potential to contain a hazardous atmosphere?
- contain a material that has the potential for engulfing an entrant?
- have a configuration such that an entrant could become trapped or asphyxiated?
- contain any other recognized serious safety or health hazard?

3. Special rescue considerations? Yes No Specify: _____

4. Space classification: Non-permit Permit-required

Basis:

SECTION 4

Permit Driven Hazard Checklist: (existing/potential)

- | | | |
|---|---|--|
| <input type="checkbox"/> O ₂ below 19.5 or above 23.5% | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Introduction of hazardous materials |
| <input type="checkbox"/> Combustible/flammable/dust atmosphere | <input type="checkbox"/> Electrical | <input type="checkbox"/> High noise levels |
| <input type="checkbox"/> Inert atmosphere | <input type="checkbox"/> Particulates | <input type="checkbox"/> Entrapment/engulfment |
| <input type="checkbox"/> Welding/cutting fumes | <input type="checkbox"/> Temperature extremes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Toxic gases/vapor/materials | <input type="checkbox"/> Pressurized fluids/gases | |

Specify: _____

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SECTION 5

Non-Permit Pre-Entry Evaluation

1. Configuration or use changed since last assessment? Yes No

Specify:

2. Work activity that introduces new or additional hazards? Specify:

3. Can this space remain non-permit? Yes No

Identify methods to eliminate hazards:

Safety/Health (Print)

Signature

Date

Cognizant Supervisor/Manager (Print)

Signature

Date

Add Graphics (Picture or Drawing)