



CONFINED SPACE IDENTIFICATION AND RISK ASSESSMENT

For use in conjunction with Confined Spaces Risk Management (UOM 335)

Date:	Location:	Space Number:
Head of Department:		CSE Authorising Officer(s):
Classification of Space: Confined <input type="checkbox"/> Nil <input type="checkbox"/>		
Description of the space:		

SECTION 1: CRITERIA

No.	CONFINED SPACE CRITERION – For the space to be confined all points, 1.1 to 1.4, must be answered with a yes.	Yes	No
1.1	Is the space intended to be, or is likely to be entered by any persons for any reason (eg maintenance, production or inspection)?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Does the space have a limited or restricted means of entry and exit for personnel?	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Is the space intended to be at normal atmosphere pressure while any person is in the space?	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Is the space likely to contain or once contained: <ul style="list-style-type: none"> • an atmosphere that has a harmful level of any contaminant (eg fumes, vapour, gas, steam, mist or explosive gas)? or • an atmosphere that does not have a safe oxygen level (eg too low or too high)? or • any stored substance that could cause engulfment (eg sand, garnet, grit, blast, grain)? 	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: CLASSIFICATION

2.1	Confined space classification <i>A full risk assessment is required – complete Section 3</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Nil Classification <i>A full risk assessment is required – Section 3 can be used for this purpose</i>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: RISK ASSESSMENT

No.	Hazard	Yes	No	Give Details	Action/Controls Required
3.1	<i>Entry:</i> Is the space likely to or intended to be entered? (eg inspection of parts, maintenance requirements)	<input type="checkbox"/>	<input type="checkbox"/>		

SECTION 3: RISK ASSESSMENT

3.2	<i>Atmosphere:</i> Is there a risk of the atmospheric pressure within the space changing to an unsafe level?	<input type="checkbox"/>	<input type="checkbox"/>		
3.3	Prior to entering the space, is there any risk of the atmosphere being unsafe? (eg fuel vapours, lack of oxygen due to decomposing material or explosive vapours)	<input type="checkbox"/>	<input type="checkbox"/>		
3.4	Once inside the space, is there a risk of any harmful contaminant or process entering the space or being created from inside? (eg fumes, carbon monoxide or gas leak, pipes, ducts, sewers)	<input type="checkbox"/>	<input type="checkbox"/>		
3.5	Are any of the processes occurring inside or adjacent to the space likely to cause any oxygen deficiency?	<input type="checkbox"/>	<input type="checkbox"/>		
3.7	Can any other substances be introduced into the space whilst being occupied? (eg water, oil or fuel)	<input type="checkbox"/>	<input type="checkbox"/>		
3.8	<i>Lighting:</i> Could there be insufficient lighting?	<input type="checkbox"/>	<input type="checkbox"/>		
3.9	Are there any possible hazards associated with the lighting in the space? (eg an explosive atmosphere)	<input type="checkbox"/>	<input type="checkbox"/>		
3.10	<i>Electricity:</i> Are any electrical hazards present?	<input type="checkbox"/>	<input type="checkbox"/>		
3.11	<i>Communication:</i> Is continual communication between the personnel inside the space and the standby difficult?	<input type="checkbox"/>	<input type="checkbox"/>		
3.12	<i>Personal Protective Equipment:</i> Does the design, purpose or layout of the space require PPE irrespective of the work carried out inside the space?	<input type="checkbox"/>	<input type="checkbox"/>		

ASSESSMENT TEAM

CSE Authorising Officer:	Signature:	HS Rep:	Signature:
Name:	Signature:	Name:	Signature: