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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | Health & Safety confined space identification and risk assessment Form |

| Ra No.:       | Date:       | Version No.:       | Review Date:       | Authorised by:       |
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| Date:       | Location:       | Space Number:       |
| Head of Department:       | CSE Authorising Officer(s):       |
| Classification of Space: Confined [ ]  Nil [ ]  |
| Description of the space:      |

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| 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)? | **[ ]**  | [ ]  |
| 1.2 | Does the space have a limited or restricted means of entry and exit for personnel? | [ ]  | [ ]  |
| 1.3 | Is the space intended to be at normal atmosphere pressure while any person is in the space? | [ ]  | [ ]  |
| 1.4 | Is the space likely to contain or once contained:* 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)?
 | [ ]  | [ ]  |

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| SECTION 2: CLASSIFICATION |
| 2.1 | Confined space classification ***A full risk assessment is required – complete Section 3*** | [ ]  | [ ]  |
| 2.2 | Nil Classification ***A full risk assessment is required – Section 3 can be used for this purpose*** | [ ]  | [ ]  |

| SECTION 3: RISK ASSESSMENT |
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| No. | Hazard | Yes | No | Give Details | Action/Controls Required |
| 3.1 | *Entry:* Is the space likely to or intended to be entered? (eg inspection of parts, maintenance requirements) | [ ]  | [ ]  |       |       |
| 3.2 | *Atmosphere:* Is there a risk of the atmospheric pressure within the space changing to an unsafe level? | [ ]  | [ ]  |       |       |
| 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) | [ ]  | [ ]  |       |       |
| 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) | [ ]  | [ ]  |       |       |
| 3.5 | Are any of the processes occurring inside or adjacent to the space likely to cause any oxygen deficiency? | [ ]  | [ ]  |       |       |
| 3.6 | Can any other substances be introduced into the space whilst being occupied? (eg water, oil or fuel) | [ ]  | [ ]  |       |       |
| 3.7 | *Lighting:* Could there be insufficient lighting? | [ ]  | [ ]  |       |       |
| 3.8 | Are there any possible hazards associated with the lighting in the space? (eg an explosive atmosphere) | [ ]  | [ ]  |       |       |
| 3.9 | *Electricity:* Are any electrical hazards present? | [ ]  | [ ]  |       |       |
| 3.10 | *Communication:* Is continual communication between the personnel inside the space and the standby difficult? | [ ]  | [ ]  |       |       |
| 3.11 | *Entanglement:*Is there a risk of entanglement from moving parts and or plant within the space? | [ ]  | [ ]  |       |       |
| 3.12 | *Personal Protective Equipment:* Does the design, purpose or layout of the space require PPE irrespective of the work carried out inside the space? | [ ]  | [ ]  |       |       |

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| SECTION 4: Emergency Assessment  |
|  4.1: *Describe the features of the confined space*e.g. type of access, number access point, conditions inside the space | 4.2: *Description of emergency process to be taken in an emergency*e.g. will require emergency services – fire brigade, CFA, boom lift, mechanical ventilation etc | 4.3: *Description emergency equipment required for the confined space entry*e.g. lifting equipment, torch, leather gloves |
|       |       |       |

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| ASSESSMENT TEAM |
| Determine the CSE Authoring Officer responsible for reviewing and implementing the risk assessment including the identified controls. Ensure the HSR (if applicable) has been consulted. Ensure the employees undertaking the activity have been consulted. Record below the names of the persons consulted. |
| CSE Authorising Officer |       | HSR/Employee representative: |       |
| Employee(s) |       | Employee(s) |       |
| Employee(s) |       | Employee(s) |       |