



Appendix 12-A Confined Space Pre-Job Assessment Form

Supervisor:		Client:		Date:	
Location:		Project Name:		Safety Contact:	
		Project No:			
Scope and Description of Work:					
(check the appropriate box below for this work location)					
<input type="checkbox"/> NON-HAZARDOUS <input type="checkbox"/> HAZARDOUS DUE TO WORK TASK <input type="checkbox"/> HAZARDOUS DUE TO INTERNAL CONDITION					
CONFINED SPACE CLASSIFICATION					
<input type="checkbox"/> Permit Required Confined Space <input type="checkbox"/> Non-Permit Required Space (Entry Supervisor Approval needed)					

HAZARD IDENTIFICATION

ATMOSPHERIC HAZARDS

- ☐ oxygen deficiency
- ☐ oxygen enrichment
- ☐ flammable substances
- ☐ toxic gases, vapors, liquids
- ☐ extreme heat or cold

CONFIGURATION HAZARDS

- ☐ interior shape or slope
- ☐ low overhead clearance
- ☐ drop offs
- ☐ complex layout
- ☐ structural integrity
- ☐ compartmentalized
- ☐ elevated work surfaces
- ☐ sharp surfaces
- ☐ inwardly converging walls
- ☐ maneuverability

POTENTIAL ENERGY SOURCES

- ☐ electrical
- ☐ hydraulic
- ☐ pneumatic
- ☐ mechanical
- ☐ steam
- ☐ piping system
- ☐ spring actuated
- ☐ gravity
- ☐ others: _____

CONTENT HAZARDS

- ☐ decomposing organic matter
- ☐ shifting content
- ☐ engulfment
- ☐ dust
- ☐ inerting agents (i.e. Nitrogen, Argon, Carbon Dioxide)
- ☐ content fill or removal
- ☐ hazardous material

ENVIRONMENTAL HAZARDS

- ☐ slippery surfaces
- ☐ noise
- ☐ vibration
- ☐ extreme temperatures within space
- ☐ damp / wet conditions
- ☐ snakes / rodents / insects
- ☐ falling objects / suspended loads
- ☐ fire suppression systems
- ☐ poor illumination / visibility
- ☐ asbestos
- ☐ others: _____

EXTERNAL HAZARDS

- ☐ traffic
- ☐ machinery / equipment
- ☐ work in neighboring compartments
- ☐ terrain
- ☐ weather
- ☐ processes
- ☐ others: _____

ENGULFMENT HAZARDS

- ☐ water
- ☐ sand
- ☐ others: _____



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HAZARD IDENTIFICATION REQUIREMENTS / NOTES			
Rescue Equipment (check all that apply)	Physical Control Methods (check all that apply)	Confined Space Location & Description	Required PPE (check all that apply)
NON-ENTRY RESCUE EQUIPMENT:	CONTROL OF HAZARDOUS ENERGY:	SPACE ACCESS: (check all that apply)	GLOVES:
<input type="checkbox"/> Full Body Harness <input type="checkbox"/> Tripod / Hoist <input type="checkbox"/> Lifeline	<input type="checkbox"/> Lockout / Tagout (LOTO) <input type="checkbox"/> Zero-Voltage Verification (ZVV) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ground Floor / Level <input type="checkbox"/> Below Ground / Floor Level <input type="checkbox"/> Elevated <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor (if outdoors give reference points & distance) _____ (REFERENCE POINT) _____ (DISTANCE)	<input type="checkbox"/> Leather <input type="checkbox"/> Impervious <input type="checkbox"/> Chemical Resistant <input type="checkbox"/> Other: _____
AREA SECURITY:			FACE/EYE PROTECTION:
<input type="checkbox"/> Warning Signs <input type="checkbox"/> Barricades			<input type="checkbox"/> Face Shield <input type="checkbox"/> Goggles <input type="checkbox"/> Footwear Protection <input type="checkbox"/> Other: _____ <input type="checkbox"/> Head Protection
ADDITIONAL EQUIPMENT:		DIMENSIONS: (feet)	
<input type="checkbox"/> Ladder <input type="checkbox"/> Fall Protection Equipment <input type="checkbox"/> Ventilation Fan or Blower <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA) <input type="checkbox"/> Air Purifying Respirator - specify cartridge type: _____ <input type="checkbox"/> Other: _____	COMMUNICATION: <input type="checkbox"/> Radio <input type="checkbox"/> Rope Signals <input type="checkbox"/> Hand Signals <input type="checkbox"/> Verbal	_____ X _____ X _____ X _____ VOLUME (CUBIC FEET) _____ No. OF ACCESS OPENINGS _____ PRIMARY ACCESS POINT	<input type="checkbox"/> Pocket Ion Chamber (PIC) <input type="checkbox"/> Coveralls <input type="checkbox"/> Radiation Dosimeter(s) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
	LIGHTING:	MEANS or ACCESS INTO SPACE:	
	<input type="checkbox"/> Hazardous Location Rated <input type="checkbox"/> Standard	<input type="checkbox"/> Portable Ladder <input type="checkbox"/> Existing Ladder <input type="checkbox"/> Stairwell <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other: _____ <input type="checkbox"/> Elevated <input type="checkbox"/> Above Ground Hand Hold Provided	
	AIR FLUSH:		
	<input type="checkbox"/> Preliminary <input type="checkbox"/> Continuous <input type="checkbox"/> Other: _____		
*NOTE: Work activities that may result in the use of chemicals not identified on this form but which are later introduced into CONFINED SPACE, hot work performed in the CONFINED SPACE or any other activity resulting in hazard changes will require that the space be re-evaluated (reference APPENDIX 12-B). These must be authorized and approved for use within the space by the CONFINED SPACE ENTRY SUPERVISOR			
ENTRY PARAMETERS			
Primary Reason for Entry:	<input type="checkbox"/> Preventive Maintenance	<input type="checkbox"/> Inspection	<input type="checkbox"/> Cleaning
	<input type="checkbox"/> Maintenance Repair	<input type="checkbox"/> Other: _____	
Frequency of Entry:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		



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PRE-ENTRY CHECKLIST

- ☐ Verify adequate confined space training
- ☐ Pre-entry briefing on specific hazards
- ☐ Notify subcontractors of permit and hazard conditions
- ☐ Non-entry rescue procedures in place
- ☐ Notify affected departments and persons of service interruptions (*if applicable*)
- ☐ Lines blocked or broken
- ☐ Drain space
- ☐ Other:
