

SECTION 1

1. Haz Eval Performed By: **ADD ROW**

<i>Print Name</i>	<i>Signature</i>	<i>Organization</i>	<i>Date</i>
			<input checked="" type="checkbox"/>
			<input checked="" 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:

HANFORD CONFINED SPACE HAZARD IDENTIFICATION FORM
(continued)

Work Package No.:

CS ID:

SECTION 5

Non-Permit Pre-Entry Evaluation

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

Specify:

2. Specify the work to be performed in the space: Yes No

3. Does work activity introduce new or additional hazards?

Specify:

4. 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)