SUNBELT CONTROLS

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)

☐ **NON-HAZARDOUS** ☐ **HAZARDOUS DUE TO WORK TASK** ☐ **HAZARDOUS DUE TO INTERNAL CONDITION**

CONFINED SPACE CLASSIFICATION

☐ Permit Required Confined Space ☐ 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: _____

SUNBELT CONTROLS

Appendix 12-A
Confined Space Pre-Job Assessment Form

HAZARD IDENTIFICATION REQUIREMENTS / NOTES

Rescue Equipment
(check all that apply)

NON-ENTRY RESCUE EQUIPMENT:

☐ Full Body Harness ☐ Tripod / Hoist

☐ Lifeline

AREA SECURITY:

☐ Warning Signs
☐ Barricades

ADDITIONAL EQUIPMENT:

☐ Ladder ☐ Fall Protection Equipment
☐ Ventilation Fan or Blower
☐ Fire Extinguisher
☐ Self-Contained Breathing Apparatus (SCBA)
☐ Air Purifying Respirator - specify cartridge type:
_____
☐ Other: _____

Physical Control Methods
(check all that apply)

CONTROL OF HAZARDOUS ENERGY:

☐ Lockout / Tagout (LOTO)

☐ Zero-Voltage Verification (ZVV)
☐ Other:
_____

COMMUNICATION:

☐ Radio ☐ Rope Signals
☐ Hand Signals ☐ Verbal _____

LIGHTING:

☐ Hazardous Location Rated
☐ Standard

AIR FLUSH:

☐ Preliminary
☐ Continuous
☐ Other:
_____

Confined Space Location & Description

SPACE ACCESS: (check all that apply)

☐ Ground Floor / Level ☐ Below Ground / Floor Level

☐ Elevated ☐ Indoor

☐ Outdoor (if outdoors give reference points & distance)

_____
(REFERENCE POINT)

_____
(DISTANCE)

DIMENSIONS: (*feet*)

_____ X _____ X _____ X

_____
VOLUME (CUBIC FEET)

_____
No. OF ACCESS OPENINGS

_____
PRIMARY ACCESS POINT

MEANS or ACCESS INTO SPACE:

☐ Portable Ladder ☐ Existing Ladder
☐ Stairwell
☐ Horizontal ☐ Vertical
☐ Elevated ☐ Other:
_____

☐ Above Ground Hand Hold Provided

Required PPE
(check all that apply)

GLOVES:

☐ Leather ☐ Impervious
☐ Chemical Resistant ☐ Other:
_____

FACE/EYE PROTECTION:

☐ Face Shield ☐ Goggles
☐ Footwear ☐ Other:
☐ Head Protection _____
☐ Pocket Ion Chamber (PIC) ☐ Coveralls
☐ Radiation Dosimeter(s)
☐ Other: _____
☐ 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:	☐ Preventive Maintenance	☐ Inspection	☐ Cleaning
	☐ Maintenance Repair	☐ Other: _____	
Frequency of Entry:	☐ Daily ☐ Weekly ☐ Monthly ☐ Other:_____		

Appendix 12-A
Confined Space Pre-Job Assessment Form

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:
_____
_____
_____
_____