



Dalhousie University, Department of Facilities Management
Confined Space Inventory and Hazard Assessment Form

| | | |
|---|--|-------------------------------|
| Building No. or Description of Location: | Room Number: | Date: |
| Confined Space No: | Warning Sign Posted Yes _____ No _____ | |
| Description of the Entrance and the Inside of the Confined Space: | | |
| Method of Entry: _____ <small>(Climbing, crawling, bending, mechanical assistance)</small> | | No. of Access / Egress Points |
| Dimensions of Access / Egress Opening(s): | | |
| Length: _____ Width: _____ Diameter _____ | | |
| Is Access or Egress Restricted?: Yes ___ No ___ | | |
| Dimensions of the Internal Space: | | |
| Length: _____ Width: _____ Height: _____ Diameter: _____ | | |
| Volume of Space: _____ | | |

Type of Work Normally Conducted in Space:

Frequency of Work Performance:

Hazard Identification, Assessment and Control

Benchmark Atmospheric Testing

(Record the results of atmospheric testing when the confined space is first identified or at the time of the first entry for comparison with future test results.)

| Parameters | Acceptable | Not Acceptable | 1 st Test | 2 nd Test |
|------------------------------|------------|----------------|----------------------|----------------------|
| Oxygen Min 19.5 % Max. 22.5% | | | % | % |
| Flammability (% of LEL) | | | % | % |
| Carbon Monoxide | | | ppm | ppm |
| Hydrogen Sulphide | | | ppm | ppm |
| Toxic | | | ppm | ppm |
| Toxic | | | | |

| Hazard Category | Yes | No | Control Measures (If necessary use additional sheets of paper to record control measures.) |
|---|-----|----|--|
| <u>Atmospheric Hazards</u> | | | |
| Oxygen deficiency or enrichment | | | |
| Flammable and combustible materials (Gases, vapours, mists, dust, excess oxygen) | | | |
| Toxic chemicals (Gases, vapours, mists, dust, excess oxygen) | | | |
| Asphyxiants (Displacement of air by another gas) | | | |

| Hazard Category | Yes | No | Control Measures |
|---|-----|----|------------------|
| <p><u>Biological Hazards</u></p> <p>Bacteria (Fecal matter)</p> <p>Viruses</p> <p>Fungi</p> <p>Moulds</p> <p>Animals (insects, rodents, squirrels, raccoons)</p> <p>Sharp objects (needles and rust or nails and rust)</p> <p><u>Physical Hazards</u></p> <p>Electrical (live wires, ungrounded tools or equipment, static, sparking tools, damaged power cords or extension cords)</p> <p>Noise</p> <p>Heat (hot surfaces, steam, high air temperature)</p> <p>Cold</p> <p>Inadequate lighting</p> <p>Slippery Surfaces</p> <p>Vibration</p> <p>Hazardous Energy Sources such as:</p> <ul style="list-style-type: none"> ● Mechanical (spring loaded equipment) | | | |

| Hazard Category | Yes | No | Control Measures |
|--|-----|----|------------------|
| <ul style="list-style-type: none"> • Hydraulic Pressure • Pneumatic pressure • Steam lines • Electrical Installations <p>Traffic</p> <p>Falling objects</p> <p>Water or other liquids</p> <p>Engulfment (collapse of soil banks or old stone walls, liquids, trench cave-ins)</p> <p><u>Configuration Hazards</u></p> <p>Long traverses</p> <p>Low ceilings</p> <p>Vertical drops or rises</p> <p>Narrow spaces</p> <p>Sloped surfaces</p> <p>Uneven floors</p> | | | |

| Hazard Category | Yes | No | Control Measures |
|--|-----|----|------------------|
| <p>Multiple compartments (Spaces extending off the main space.)</p> <p>Pipes, concrete or steel beams or posts in the space.</p> <p><u>Additional Hazards</u></p> <p>Tools and equipment that will be used</p> <p>Weather phenomena</p> <p>Activities of the work being performed</p> <p>Inadequate hazard assessments prior to starting work.</p> <p>Employees not trained or poorly trained.</p> <p>Lack of, or improper, personal protective equipment or emergency equipment.</p> <p>Not following the confined space program and procedures.</p> <p>Employee Physical Fitness</p> <p>Mental fitness (claustrophobic)</p> | | | |

Photographs

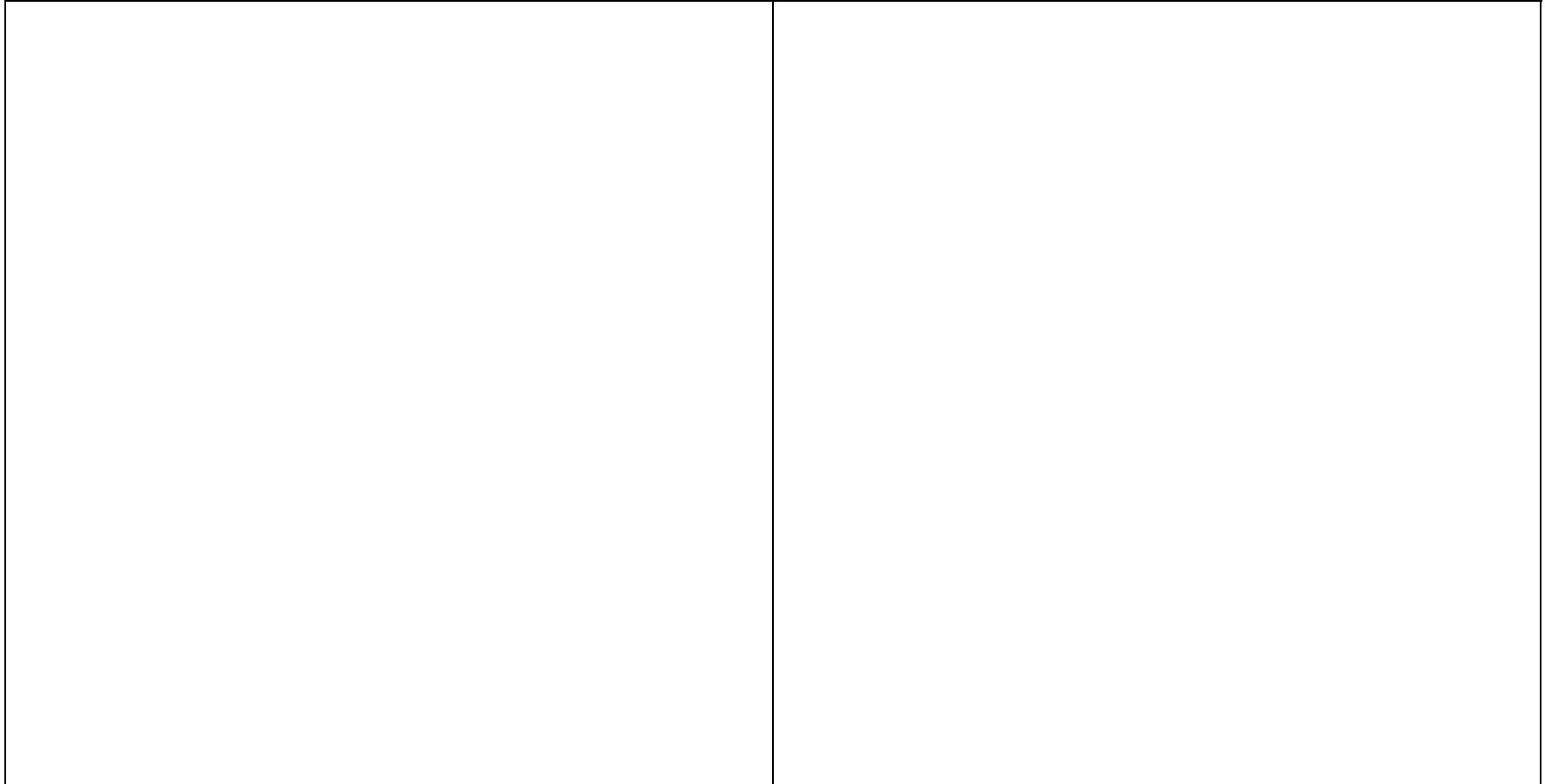


Photo Numbers:

Assessment Conducted By: _____

Signature: _____ Date: _____

COMMENTS: