

5. HAZARD IDENTIFICATION				
Hazards	Source/Type	Quantity & Quality	Severity (Rate 1 to 5)	Hazard Abatement Method
Explosive Atmosphere		___ LFL		
Oxygen Levels		___ %		
Combustible Material				
Electrical Circuits				
Toxic Gases		___ PEL		
Toxic Material				
Thermal Hazards		___ °F		
Machinery				
Slip / Fall Hazards				
Engulfment Hazards				
Entrapment Hazards				

<p><u>Configuration Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Interior shape or slope <input type="checkbox"/> Low overhead clearance <input type="checkbox"/> Drop offs <input type="checkbox"/> Complex layout <input type="checkbox"/> Structural integrity <input type="checkbox"/> Compartmentalized <input type="checkbox"/> Elevated work surfaces <input type="checkbox"/> Sharp surfaces <input type="checkbox"/> Inwardly converging walls <input type="checkbox"/> Maneuverability <input type="checkbox"/> Structural integrity <p><u>Potential Energy Sources</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Electrical <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Mechanical <input type="checkbox"/> Steam <input type="checkbox"/> Piping systems <input type="checkbox"/> Spring actuated <input type="checkbox"/> Gravity <input type="checkbox"/> Others: _____ _____ _____ 	<p><u>Content Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Decomposing organic matter <input type="checkbox"/> Shifting content <input type="checkbox"/> Content fill or removal <input type="checkbox"/> Dust <input type="checkbox"/> Inerting agents (Nitrogen, Argon, Carbon Dioxide) <p><u>Environmental Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Damp / wet conditions <input type="checkbox"/> Snakes / rodents / insects <input type="checkbox"/> Falling objects / suspended loads <input type="checkbox"/> Fire suppression systems <input type="checkbox"/> Poor illumination/visibility <input type="checkbox"/> Asbestos <input type="checkbox"/> Others: _____ <p><u>External Hazards</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Traffic <input type="checkbox"/> Work in neighboring compartments <input type="checkbox"/> Terrain <input type="checkbox"/> Weather <input type="checkbox"/> Processes <input type="checkbox"/> Others: _____
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6. VENTILATION REQUIREMENTS	
	Confined space - volume in cubic feet
	Natural circulation - additional ventilation may be required for worker comfort, hot work, grinding or other operations that would produce airborne fumes, mist or dust.
	Mechanical ventilation required for venting hazardous atmospheric contaminants

6. VENTILATION REQUIREMENTS						
Supply		Exhaust		Local		
Volume	CUFT per Min	Volume	CUFT per Min	Volume	CUFT per Min	
Ventilation Formulas & Requirements						
20 Air Changes Per Hour (ACH) required for duration of entry 20 ACH = Space volume X 20		Adequate Blower Capacity (ABC) $ABC = \frac{\text{Space Volume} \times 20 \text{ ACH}}{60 \text{ Minutes}}$		Initial Purge Time $\frac{7.5 \times \text{Space volume}}{\text{Effective Blower Capacity}}$		
7. RESCUE & SAFETY EQUIPMENT						
	Body harness		Life line		Winch	
	Tripod		Blower		Vent trunks	
	Ladder		Portable lighting		Manhole hooks	
	Emergency retrieval line		First aid kit		Fire extinguisher	
	Traffic cones		Vent saddle		Emergency escape respirators	
8. COMMUNICATION						
_____ Wireless Radio		_____ Line Radios		_____ Verbal from access		
9. RESCUE PROCEDURES						
_____ Self Rescue		_____ Non-entry Rescue		_____ Rescue team entry		
10. SPECIAL HAZARDS / REQUIREMENTS / NOTES						
_____ _____ _____ _____						
EVALUATORS						
NAME: print legibly _____		TITLE _____		DATE: dd/mm/yy _____		
NAME: print legibly _____		TITLE _____		DATE: dd/mm/yy _____		
NAME: print legibly _____		TITLE _____		DATE: dd/mm/yy _____		