

SECTION 1

1. Haz. Eval. Performed By:

<i>Print First and Last Name</i>	<i>Signature</i>	<i>Organization</i>	<i>Date</i>

2. Facility/Project Manager (*Space Owner*):

<i>Print First and Last Name</i>	<i>Organization</i>	<i>Date</i>
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3. Space Posted? Yes No N/A

SECTION 2

1. Location (*e.g., area, bldg., room, other*):

2. Space Description (*e.g., function, configuration, dimensions, type of space, above/below ground, access*):

3. Multiple Access Points? Yes No

SECTION 3

1. Is the space a confined space (*all three (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 (4) 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 consideration? 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:

3. Does work activity introduce new or additional hazards? Yes No
Specify:

Identify methods to eliminate hazards:

4. Can this space remain non-permit? Yes No

Safety/Health:

_____ *Print First and Last Name* _____ *Signature* _____ *Date*

Cognizant Supervisor/Manager:

_____ *Print First and Last Name* _____ *Signature* _____ *Date*

Add Graphics (*Pictures or Drawing*):

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