

Activity: Confined Space	Task Location:	Date:
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1.0 Hazards – Includes but not limited to the following		
Oxygen deficiency		Poisonous insects, reptiles
Toxic atmosphere: gases, fumes and vapors		Residues left in tanks, pits
Temperature Extremes		External contamination
Dust		Falling object
Electricity		Noise

2.0 Risks	Severity (S)					Likelihood (L)					Risk Rating S x L
	1	2	3	4	5	1	2	3	4	5	
Burns, Asphyxiation Injury / Illness											
Fire / Explosion / Electrocution											
Flooding, Entrapment											
Environmental Impact - Air											
Environmental Impact - Water											
Environmental Impact - Soil											
Environmental Impact - Noise											
Environmental Impact - Waste											
Environmental Impact - Natural Resources											
Low (1) – High (5)					Rare (1) – Very Likely (5)						
Risk Rating: 1-3 (Acceptable), 4-16 (Acceptable with controls), 20-25 (Not acceptable)											

3.0 Control measures– Includes but not limited to the following	Yes / No
Measures	
Gas testing is carried out and within safe limits (O2, Co , Co2, H2S, LEL)	
Have pumps or energized lines been isolated blanked, Disconnected, or blocked?	
Manhole lids lifted either side. Purged / vented	
Means of escape are free from obstruction	
Area is barricaded and signage posted	
Confined space is well illuminated	
Natural / Mechanical Ventilation fan is provided & operational	
Access ladders are in place and in good condition	
Provision of Safety harness, life-lines for entry, Hoisting equipment and standby persons?	
All the lifting gears/appliances/machines are tested and approved	
Area is clear of all combustible and flammables	
Cables / Hoses are run properly to avoid tripping and wear and tear	
Competent supervision and trained employees	
Standby and backup personnel are available	
Necessary personal protective equipment is being used by everyone	
Appropriate type of Fire extinguisher, Hose reel and Rescue equipment are available	

I ensure mitigation of above identified hazards; compliance with legal and identified control measures			
Contractor Rep Name:		Mobile No:	
Signature:		Company:	