Confined Space Safety Assessment



| SECTION 1: Information | | | | | | |
|--------------------------------------------------------|-----------|------------------------|------------------|--------------|--|--|
| Confined S | Space ID: | Sump Pit (ISC) | Developed By: | Tighe & Bond | | |
| Asset ID: | | CSSA-17 | Origin Date: | July 2019 | | |
| Building: Integrated Science Complex (Mechanical 1240) | | | Revision # | 0 | | |
| Entry Location: | | Floor Plate (~3'x3') | Revision Date: - | | | |
| Entry Purp | ose: | Repair and Maintenance | | | | |

SECTION 2: Confined Space Determination

| If needing to enter an enclosed space, indicate which of the following apply: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. Is the space large enough and so configured that you can bodily enter and perform work? | X | |
| 2. Does the space have limited or restricted means for entry or exit? (Would it be difficult to exit the space through a standard door, ramp, or OSHA-compliant stairs?) | X | |
| 3. Is the space intended for continuous employee occupancy? (Is the space equipped with HVAC, desk, phone, lighting, or other typical comforts of continuous occupancy) | | X |

If you have checked <u>ANY</u> of the highlighted boxes, you <u>DO NOT</u> have a confined space.

Otherwise, you have a Confined Space.

Does this space meet the definition of a Confined Space?

Yes

SECTION 3: Assessment of Atmospheric Hazards

| Atmospheric Hazard | Actual or Potential Hazard? | | Can it be Eliminated? | | Means to Eliminate Atmospheric Hazard |
|----------------------------------|-----------------------------|---|--------------------------|---|------------------------------------------|
| | Υ | N | Y | N | |
| Oxygen Deficiency | Х | | X | | |
| Flammable Gas or Vapor | | | | | |
| H₂S (Hydrogen Sulfide) | | | Х | | Introduce forced air ventilation, if |
| CO (Carbon Monoxide) | | | | | necessary following air monitoring. |
| Other Toxic Gas (Specify below): | | | | | 7 |
| Acid & Caustic | X | | X | | |

SECTION 4: Assessment of Serious Safety Hazards

Hazards which are immediately dangerous to life or health or would impair your ability to perform a self-rescue

| Springs Safety Hazards | | al or Hazard? | Serious Safety Hazards | Actual or Potential Hazard? | |
|---------------------------------------------------------------|-------|------------------|----------------------------------------------------------------|-----------------------------|-------|
| | Y | | | Υ | N |
| Engulfment Hazard X | | | Other Serious Safety Hazard | | X |
| Trapping Hazard | | X | Moving Parts or Agitator | | Х |
| Converging walls | | X | Steam or Extreme heat/cold | | Х |
| Tapered floor | | X | Shock or Electrocution | Х | |
| Sloping floor | | X | Other (Specify): | | |
| Means to Eliminate Engulfment Other Serious Safety Hazards | and | | Follow Hazardous Energy Isolation (ss for space listed above. | Lockout/Tag | -out) |
| Means to Eliminate Trapping Ha | zards | | | | |

If you have <u>ONLY</u> checked shaded boxes in Section 3 and Section 4, you do not have a permit required confined space. Stop completing this form, and you may enter without a permit.

Otherwise, continue completing this form.

| Does this space meet the criteria for a non-Permit Confined Space? | No |
|--------------------------------------------------------------------|----|
|--------------------------------------------------------------------|----|

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SECTION 5: Assessment of Other Safety Hazards

| Other Safety Hazards | Actual or Potential Hazard? | | Can it be Eliminated? | | Means to Eliminate Safety Hazard | |
|----------------------------|-----------------------------|---|--------------------------|---|---------------------------------------------------------------------------------------------------------|--|
| | Y | N | Y | N | | |
| Eye / Skin Hazard | Х | | Х | | Wear appropriate personal protective equipment to protect bare skin and eyes from sanitary waste water. | |
| Mechanical Hazard | | Х | | | | |
| Heat/Cold Stress | | Х | | | | |
| Hot/Cold surfaces | | Х | | | | |
| Space Configuration | | Х | | | | |
| Egress / Access | Х | | Х | | Personnel are required to enter through the floor hatch. Use ladder for entry and egress. | |
| Slippery Surfaces | | Х | | | | |
| Elevated Work (Falls) | | Х | | | | |
| Other (Specify below): | | Х | | | | |
| Falling objects from above | х | | Х | | Protect the space using barriers. Keep all tools and equipment away from the entrance space. | |

SECTION 6: Entry Classification

| Reclassification Assessment | | | | | |
|-----------------------------------------------------------------------------------------|---|--|--|--|--|
| 1. Is there an actual or potential atmospheric hazard (Section 3) – Even if controlled? | X | | | | |
| 2. Can all Serious Safety Hazards (Section 4) be eliminated without entry? | X | | | | |
| 3. Can all Other Safety Hazards (Section 5) be eliminated without entry? | X | | | | |

If you have checked <u>ONLY</u> shaded boxes, you can reclassify the space as a non-permit required confined space. Stop completing this form, and you may enter without a permit.

| Can this space be reclassified to a non-Permit Confined Space? | No |
|----------------------------------------------------------------|-----|
| Permit Required Confined Space? | Yes |

Should any planned or unplanned activities or hazards occur which are not listed above, such as welding, cutting, chemical usage, etc. would require a reassessment of the of the space prior to entry.

SECTION 7: Photo(s)

