

CONFINED AND RESTRICTED SPACE ENTRY

Appendix B: Restricted Space Hazard Assessment

1. Restricted Space Entry Information				
Zone Code:	Building Code:		Floor Code:	Restricted Space Number:
Hazard Assessment Completed by:				
Date of Entry:		Time of Entry:		Estimated Duration of Entry:
Reason for Entry:				Number of Entrants:
Name of Entrants:				
Description of Work to be Completed (including tools/materials to be used):				

2. Hazard Assessment					
Existing and Potential Hazards in the Restricted	Existing and Potential Hazards in the Restricted Space:				
Hazard	Description	Controls			
Hazaru		Already in Place	Required for Entry		
Configuration of Space					
Slippery Interior Surfaces					
Temperature Extremes					
Presence of Chemicals or Hazardous Materials					



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Fall Hazards		
Limited Illumination		
Additional Hazards		

2. Hazard Assessment (continued)				
Hazards Associated with Work Inside the Restr	icted Space:			
Hazard	Description	Controls		
		Already in Place	Required for Entry	
Fire (sparks of open flames from equipment)				
Toxic fumes (from solvents, cleaning products, etc.)				
Release of Hazardous Materials (asbestos, gases)				
Additional Hazards				



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4. Communication Plan				
Type of Communication (e.g., call in prior to entry, radio, watch at door):				
Contact During Entry	Entry Name Phone Number			
Contact During Entry	Name		Phone Number	
Primary				
Alternate				
Check in Frequency:	y: Reason for Selected Frequency:			

5. Emergency Response Plan			
Emergency Contact	Name:	Phone Number:	
Rescue Classification for Space:			
Equipment Required for Emergency Response in this Space:			

6. Sign Off

By signing below the employee acknowledges that they have reviewed the restricted space hazard assessment and agree with the procedures and controls required for entry into the restricted space and that all equipment has been inspected.

Name (please print)	Signature