

Confined Space Safety Assessment



| SECTION 1: Information | | | | | | |
|---|-----------------------------|---|--|-----------------------------|---|----|
| Confined Space ID: | Cooling Tower Mixing Tank | | Developed By: | Tighe & Bond | | |
| Asset ID: | CSSA-03 | | Origin Date: | July 2019 | | |
| Building: | Central Utility Plant | | Revision # | 0 | | |
| Entry Location: | Portal at top of vessel | | Revision Date: | - | | |
| Entry Purpose: | Repair and Maintenance | | | | | |
| SECTION 2: Confined Space Determination | | | | | | |
| If needing to enter an enclosed space, indicate which of the following apply: | | | | | Yes | No |
| 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 |
| <p style="text-align: center;"><i>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.</i></p> | | | | | | |
| 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 | |
| | Y | N | Y | N | | |
| Oxygen Deficiency | X | | X | | Introduce forced air ventilation, if necessary following air monitoring. Follow recommendations found in the chemical SDS. | |
| Flammable Gas or Vapor | | X | | | | |
| H ₂ S (Hydrogen sulfide) | | X | | | | |
| CO (Carbon Monoxide) | | X | | | | |
| Other Toxic Gas (Specify below): | | | | | | |
| Chill water chemical mix | X | | X | | | |
| SECTION 4: Assessment of Serious Safety Hazards | | | | | | |
| <i>Hazards which are immediately dangerous to life or health or would impair your ability to perform a self-rescue</i> | | | | | | |
| Serious Safety Hazards | Actual or Potential Hazard? | | Serious Safety Hazards | Actual or Potential Hazard? | | |
| | Y | N | | Y | N | |
| Engulfment Hazard | X | | Other Serious Safety Hazard | | X | |
| Trapping Hazard | | X | Moving Parts or Agitator | | X | |
| Converging walls | | X | Steam or Extreme heat/cold | | X | |
| Tapered floor | | X | Shock or Electrocution | | X | |
| Sloping floor | | X | Other (Specify): | | | |
| Means to Eliminate Engulfment and Other Serious Safety Hazards | | | Drain vessel. Follow Hazardous Energy Isolation (Lockout/Tag-out) Procedures for equipment listed above. | | | |
| Means to Eliminate Trapping Hazards | | | | | | |
| <p style="text-align: center;"><i>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.</i></p> | | | | | | |
| 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 | | X | | | |
| Mechanical Hazard | | X | | | |
| Heat/Cold Stress | X | | X | | Introduce forced air ventilation, if necessary. |
| Hot/Cold Surfaces | | X | | | |
| Space Configuration | | X | | | |
| Egress / Access | X | | X | | Personnel are required to enter through the access panel. Narrow configuration impedes quick escape. Need ladder to get in and out. |
| Slippery Surfaces | | X | | | |
| Elevated Work (Falls) | | X | | | |
| Other (Specify below): | | X | | | |

SECTION 6: Entry Classification

| Reclassification Assessment | Yes | No |
|--|------------|----|
| 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 | |
| <i>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.</i> | | |
| Can this space be reclassified to a non-Permit Confined Space? | No | |
| Permit Required Confined Space? | Yes | |
| <i>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.</i> | | |

SECTION 7: Photo(s)

