



CONFINED SPACE RISK ASSESSMENT

Date:	Confined Space Number:
Location of Confined Space:	Description of Confined Space:

Are you required to enter the space?	Yes/No	If yes how are you gaining entry: Access Hole Above / Access Hole on Side / Other
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Reason for entry: <input type="checkbox"/> Maintenance <input type="checkbox"/> Installation <input type="checkbox"/> Inspection <input type="checkbox"/> Service <input type="checkbox"/> Other	Associated Tasks: <input type="checkbox"/> Abrasive Blasting <input type="checkbox"/> Cleaning <input type="checkbox"/> Hot Work <input type="checkbox"/> Non Destructive Testing <input type="checkbox"/>	<input type="checkbox"/> Pressure Cleaning <input type="checkbox"/> Grinding <input type="checkbox"/> Coating <input type="checkbox"/> Electrical work <input type="checkbox"/> Jack Hammering <input type="checkbox"/>
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Potential Hazards

Physical	Chemical	Biological	Ergonomic	Psychological	Radiation
<input type="checkbox"/> Slips, trips & falls	<input type="checkbox"/> Toxic Gas	<input type="checkbox"/> Infections	<input type="checkbox"/> Manual Handling	<input type="checkbox"/> Work Load	<input type="checkbox"/> Ultra Violet
<input type="checkbox"/> Heat & Cold	<input type="checkbox"/> Flammable Gas	<input type="checkbox"/> Viruses	<input type="checkbox"/> Repetitive Strain	<input type="checkbox"/> Shift Work	<input type="checkbox"/> X Rays
<input type="checkbox"/> Entrapment	<input type="checkbox"/> Oxygen Deficiency	<input type="checkbox"/> Sewerage	<input type="checkbox"/> Restricted Movement	<input type="checkbox"/> General Public	<input type="checkbox"/> Fire
<input type="checkbox"/> Electrocution	<input type="checkbox"/> Oxygen Excess	<input type="checkbox"/> Animal Waste	<input type="checkbox"/> Work Station Design	<input type="checkbox"/> Phobias	<input type="checkbox"/> Microwave
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Dusts – Asbestos etc	<input type="checkbox"/> Snakes/Spiders	<input type="checkbox"/> Equipment Design	<input type="checkbox"/> Stress	<input type="checkbox"/> Laser
<input type="checkbox"/> Noise	<input type="checkbox"/> Cleaning Agents	<input type="checkbox"/> Skin Irritation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Infra-Red
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Fumes/Vapours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Job Safety Analysis

Step	Potential Incident/Accident	Likelihood	Consequence	RR	Control Measures	Final Rank



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LIKELIHOOD RATING	
A	ALMOST CERTAIN – common repeating occurrence
B	LIKELY – known to occur
C	POSSIBLE – could occur
D	UNLIKELY – not likely to occur
E	RARE – practically impossible

CONSEQUENCE RATING	
5	Single fatality or severe disability
4	Moderate disability or impairment
3	Hospitalization with medium term disability
2	Medical treatment
1	No injury or minor first aid

TABLE 3
QUALITATIVE RISK ANALYSIS MATRIX-LEVEL OF RISK

RISK MATRIX (As per AS/NZS 4360)					
LIKELIHOOD	CONSEQUENCE				
	INSIGNIFICANT (1)	MINOR (2)	MODERATE (3)	MAJOR (4)	CATASTROPHIC (5)
ALMOST CERTAIN (A)	Medium (1A)	High (2A)	High (3A)	Extreme (4A)	Extreme (5A)
LIKELY (B)	Medium (1B)	Medium (2B)	High (3B)	High (4B)	Extreme (5B)
POSSIBLE (C)	Low (1C)	Medium (2C)	High (3C)	High (4C)	High (5C)
UNLIKELY (D)	Low (1D)	Low (2D)	Medium (3D)	Medium (4D)	High (5D)
RARE (E)	Low (1E)	Low (2E)	Medium (3E)	Medium (4E)	High (5E)

RISK ACTION LEVELS	
EXTREME	Immediately stop the process. Senior Management (Responsible Office) decision/action required
HIGH	Take immediate action to further control the risk. Line Manager/Foreman (Accountable Person) decision/action required
MEDIUM	Review for improvement opportunities
LOW	Monitor risks, reduce if practicable



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EMERGENCY MANAGEMENT PLAN

Emergency Contact Information

Position	Name	Contact Number

Emergency Services Contact Numbers

Main Gate or Security	
Ambulance Fire or Police	000
Number of qualified persons required for rescue not including standby person.	

Emergency Rescue Plan – *rehearsed prior to entry*

Danger – Response – Send for Help – Airway – Breathing – CPR - Defib

PPE allocated for RESCUE – *onsite, setup ready to go prior to work commencing*

Davit & Winch		Harnesses		Mobile Phone	
Tripod		Radios (intrinsically safe?)		Wash Station	
VED or Winch		Fire Extinguisher/s		Recovery Lines	
Spreader Bar		First Aid Kit		Torches	
Breathing Apparatus		Oxy Viva			
Compressed Air Escape		AED			
Oxygen Escape Sets		Stretcher/SKED			

Competent Risk Assessing Officer

Name	Signature	Date