

Hazard Assessment Form

Date: _____

Location: _____

*Form applies to **this location only***

Atmospheric Hazards Assessment

Atmospheric monitor model: _____

Serial number: _____

Bump test results: _____ %O ₂	_____ %LEL	H ₂ S _____ ppm	CO _____ ppm
Other toxic gas: _____ ppm	Other toxic gas: _____ ppm		

REMEMBER TO DO BUMP TEST BEFORE USE	After opening entrance to confined space	After purging (if required)	Upon entry	After 20 minutes of not working in the space	Upon exit	Alarm type (if any)
Time						
Oxygen (O ₂) [18% - 23%]						
Explosive gas (LEL) [< 10%]						
Hydrogen sulfide (H ₂ S) [< 10 ppm]						
Carbon monoxide (CO) [< 35 ppm]						

Note: Acceptable levels are between [brackets].

Please use additional lines to include readings for other chemicals.

**Remember that your atmospheric monitor cannot detect all possible chemicals!
If something smells funny, don't go in until further tests have been completed.**

Physical hazards on the other side of this page

Hazard Assessment Form

Physical Hazards Assessment

Check for the following physical hazards. Place a checkmark (✓) in the middle column if the hazard is present. If the hazard exists or has the potential to develop due to the nature of the work to be conducted in the confined space, explain how it can be controlled or eliminated.

Hazard type	✓	Measures taken to control or eliminate hazard
Engulfment		
Drowning		
Electrocution		
Mechanical equipment		
Falling objects		
Extreme temperatures		
Slippery surfaces		
Excessive noise		
Ledges		
Poor visibility		
Fire or explosion		
Biological agent		
Chemical agent		

Please use additional lines to include other hazards you may encounter in the confined space.

This form was prepared by:

Name (please print) Title Signature Date

Atmospheric hazards on the other side of this page