

CONFINED SPACE ENTRY- HAZARD IDENTIFICATION CHECKLIST (Template)			
Building/location		Date	
Room Description of space			
Name of person authorising entry to the confined space		Mobile/Phone	
		Mobile/Phone	
Designated safety co-ordinator (if applicable)		Mobile/Phone	
Number of people entering the confined space		Reminder – a confined space entry permit is required and is to be attached to this assessment on completion of the task.	

HAZARD IDENTIFICATION (or action identified)

If you are completing this form electronically, double click on the check box and select “checked” under the default value	
<ul style="list-style-type: none"> <input type="checkbox"/> Access (restricted entry and/or exit) <input type="checkbox"/> Airborne contaminants <input type="checkbox"/> Activity/task performed in the space (e.g. use of paints, adhesives, solvents) <input type="checkbox"/> Biological hazards (e.g. contact with micro-organisms, viruses, bacteria or fungi associated with a sewer, grain silo) <input type="checkbox"/> Communication <input type="checkbox"/> Crushing, cutting, piercing or shearing of parts of a person’s body if exposed to plant such as augers, agitators, blenders, mixers and stirrers <input type="checkbox"/> Electrical hazards (e.g. potential for electric shock) <input type="checkbox"/> Emergency management (including evacuation) <input type="checkbox"/> Engulfment (e.g. swallowed up or immersed by sand, liquids, grain, animal feed) <input type="checkbox"/> Entanglement in moving parts <input type="checkbox"/> Entry of natural contaminants such as groundwater and gases from the surrounding land, soil or strata <input type="checkbox"/> Environment - dirty <input type="checkbox"/> Environment - wet <input type="checkbox"/> Environment - other (specify) _____ <input type="checkbox"/> Fall from a height (e.g. ladders) <input type="checkbox"/> Fire hazard/naked flame, fire explosion <input type="checkbox"/> Guarding/barriers inadequate <input type="checkbox"/> Hazardous substances/chemicals <input type="checkbox"/> Hazards outside the confined space <input type="checkbox"/> Ignition source such as a sparking or electrical tool, including from static on a person being introduced into a space containing a flammable atmosphere <input type="checkbox"/> Located near a footpath or road <input type="checkbox"/> Lighting inadequate <input type="checkbox"/> Manual handling – lifting, pushing large items of equipment required 	<ul style="list-style-type: none"> <input type="checkbox"/> Manufacturing process <input type="checkbox"/> Medical emergency – first aid <input type="checkbox"/> Mobile confined space <input type="checkbox"/> Noise (e.g. > 85dBA (8 hrs), or 140dB peak) <input type="checkbox"/> Permits, licenses and registration required, (e.g. asbestos removal) <input type="checkbox"/> Residue left in tanks, vessels etc or remaining on internal surfaces <input type="checkbox"/> Restricted movement (e.g. space restricted by size or requirement to wear personal protective equipment) <input type="checkbox"/> Personal protective equipment – grip is compromised <input type="checkbox"/> Physiological and psychological demands (e.g. physical ability of the person to conduct the work, possibility of a person being claustrophobic, ability to wear the person protective equipment required to do the work (e.g. respirators) <input type="checkbox"/> Powered equipment <input type="checkbox"/> Skin contact with hazardous substances which could cause a burn, irritation or allergic dermatitis) <input type="checkbox"/> Slip, trip hazards or uneven surfaces <input type="checkbox"/> Steam, water or other liquids, gases or solids may result in drowning, or being overcome by fumes <input type="checkbox"/> Temperature extremes (cold) <input type="checkbox"/> Temperature extremes (hot), heat stress <input type="checkbox"/> Uncontrolled introduction of substances <input type="checkbox"/> Unsafe oxygen level (less than 19.5% or greater than 23.5%) <input type="checkbox"/> Vertical opening adjacent to or within the confined space <input type="checkbox"/> Workplace/surface is unstable or uneven <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Other (specify) _____

- Please note that this list is not exhaustive, but can be used as the basis for your initial hazard identification.
- If you tick yes to any of the above, then the hazard is to be transferred and addressed on the **Safety Management Plan** (page 2).
- If you require assistance or further information please contact your [School/Branch Health and Safety Officer](#) or [HSW Team](#).

CONFINED SPACE

RISK ASSESSMENT TEMPLATE

UNIVERSITY DELEGATE (i.e. person conducting the induction/briefing)	I acknowledge that I have received information and understand my responsibilities as per the Safety Management Plan.		
	Print Name	Signature	Position/role (also includes stand-by person(s))
_____ Name (Please print)			
_____ Signature			

RISK ASSESSMENT TABLES

Likelihood Table: How likely is it to occur?

CATEGORY	DESCRIPTION
Almost Certain	There is an expectation that an event/incident will occur (pre/during/post the event)
Likely	There is an expectation that an event/incident could occur but not certain to occur
Slight	This expectation lies somewhere in the midpoint between “could” and “improbable”
Unlikely	There is an expectation that an event/incident is doubtful or improbable
Rare	There is no expectation that the event/incident will occur

Consequences Table: What is the likely impact on the event and/or participants/university community?

CATEGORY	DESCRIPTION
Negligible	<input type="checkbox"/> No potential for injury, or consequence would involve very minor first aid treatment (eg bandaid), short term discomfort (eg bruise, headache)
Minor	<input type="checkbox"/> First aid treatment on site
Moderate	<input type="checkbox"/> Formal medical treatment required (ie ambulance, hospital outpatient/doctors visit)
Major	<input type="checkbox"/> Extensive injuries, hospitalisation. Could result in a Notifiable Occurrence (see definitions). <input type="checkbox"/> Incident requiring investigation and outside assistance (eg, Fire Service, Police, SafeWork SA)
Severe	<input type="checkbox"/> Death, permanent incapacity

Risk Score Calculator

Likelihood	Consequences				
	Negligible	Minor	Moderate	Major	Severe
Almost certain	Medium	High	Very High	Very High	Very High
Likely	Medium	Medium	High	Very High	Very High
Slight	Low	Medium	High	High	Very High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

HIERARCHY OF CONTROL: Risk control/safety measures

The first responsibility is to eliminate the hazard at its source.

Where this is not achievable, consider how the risk can be minimised to the lowest reasonably practical level by applying control mechanisms in the following order of preference.

- 1 Elimination (permanent solution – remove the hazard entirely)
- 2 Substitution (replacing the hazard by one that presents a lower risk)
- 3 Isolation (placement of an enclosure, fence to separate people from the hazard)
- 4 Engineering (structural change to the environment, equipment)
- 5 Administration (Procedural eg training, signage, monitoring, safe work procedure)
- 6 Personal Protective Equipment (to place a barrier between person and hazard) eg gloves, clothing, hats, sunscreen

Please note: A residual risk of “High” requires authorisation from the Head of School/Branch and a residual risk assessment of “Very High” requires authorisation from the Vice-Chancellor and President.

Refer to the HSW Handbook Chapter [“Hazard Management”](#) for further information.