RICH PAUL INDUSTRIES

NASHVILLE, TENNESSEE

Confined Space Hazard Assessment and Classification Worksheet

Department: Injection **Confined Space Number:** CS-04

Description of the space: Engel 450 Toggle Clamp Area - Machine #2

A. Is it a Confined Space - check the statements that characterize this space:

■ It is large enough to bodily enter and perform assigned work.

■ It has limited or restricted means for entry or exit. (One must stoop, squat, climb, step over, hold on for balance, etc. To enter or exit; a pit 4 ft deep with only a vertical ladders has restricted egress.)

■ It is not designed for continuous employee occupancy. (examples poorly ventilated or illuminated; placing people too close to physical hazards such as moving equipment or exposed electrical conductors; requiring people to stand in water or other)

If all of the boxes are checked, then this space meets the definition of a "Confined Space".

Complete sections B and C

If any of these boxes are not checked, then this is not a "Confined Space".

Skip to section D

B. Hazards of the Confined Space - check all of the statements that characterize this space under normal circumstances:

☐ This space contains or has the potential to contain a hazardous material which could cause serious injury or death.

■ This space contains or has the potential to contain a hazardous atmosphere. **Hydraulic Mist Vapors**
☐ This space contains or had the potential to contain a material able to engulf an entrant.
■ The space is configured in a way that inwardly converging walls or a sloped, tapering floors could trap or asphyxiate an entrant. **Compartment Configuration**
■ Electrical, mechanical, hydraulic or pneumatic energy in this space would endanger entrants if not reduced to zero energy state and locked/ tagged/ verified. **Electrical, Hydraulc, Chemical, Temperature**
■ Another hazard exists or has the potential to exist which could cause serious injury, acute illness (immediate or delayed) or death. Describe: **Mechanical - Crush Hazard - Shaft Under Pressure**

C. Specific Hazards involving This Confined Space Operation - check all of the statements that characterize this space under daily operations:

☐ Natural Gas
☐ Flammable Vapors
☐ Alkaline Exposure
☐ Acid Exposure
■ Other Chemical Hazards - **Lube & Hyd Oil**
■ Atmospheric Monitoring Required
☐ Potential for Engulfment
■ Potential for Entrapment
☐ Potential for Falling Objects
■ Risks of Slips, Trips or Falls **Oil on All Surfaces**
■ Exposure to Low Pressure Air
☐ Exposure to High Pressure Air
■ Exposure to Moving Equipment - **Ram Shaft**

■ Potential for Thermal Burns **- 280 degrees F**
☐ Potential for Oxygen Deficient Atmosphere
☐ Potential for Oxygen Enriched Atmosphere
☐ This Space Requires Fall Protection
☐ This Space Requires A Mechanical Device For Entry (>5 Feet in Depth)
☐ A Body Harness & Tripod/Davit Arm Is Needed For Rescue
■ A Body Harness & Lifeline Is Needed For Rescue
☐ Wristlets/Anklets Are Needed For Rescue
☐ The Injured Worker Can Be Carried Out By Rescue Personnel
■ This Space Presents Special Concerns For Rescuers - **Oil on All Surfaces**
☐ Hot Work Permits Are Utilized In This Space
■ Horizontal Entry Is Required Into This Space
☐ Vertical Entry Is Required Into This Space

D. Classification of the Confined Space - check one of the boxes below:

If any box is checked in Section B, then check the box below:
■ **This is a Permit Required Confined Space**

If all boxes are checked in section A, but no boxes are checked in section B then check the box below
☐ **This is a Non-Permit Required Confined Space**

If any boxes in section A were unchecked, then check the box below:
☐ **Not a Confined Space**

If any box has been checked in Section B and can be isolated prior to entry, then check the box below:
■ **This is a Confined Space that can be reclassified as a Non-permit Required Confined Space**
See certification and procedure to complete

Note that before entry into any Confined Space, a Checklist must be used to either verify that a Permit is required or to declassify it to a Non-permit Required Confined Space.

E. Signature(s) of person(s) completing this assessment:

Type or print name: _____ Signature: _____ Date: _____

Type or print name: _____ Signature: _____ Date: _____