Equipment

BUSINESS GROUP

Are there any relevant manufacturers operating manuals, tests, inspections required for this plant? (List)

Work Health and Safety Act 2011 Work Health and Safety Regulation 2017

Are there any relevant Australian Standards or other legislative requirements for this plant? (List)

	Code of Practice: Confined Spaces	

Have there been any previous incident or illness data that should be considered for this plant? (List)

None

What potential emergency situations exist for this plant? (List) Note: Procedures for potential emergency situations should be included in your site emergency plan.



EST. 1969

BUSINESS GROUP

Confined Space Identification

For the space to be confined space all points 1 to 3 must be answered with a yes

No.	Criteria	Yes	No
1	Is the space not designed or intended primarily to be occupied by a person?		
2	Is the space at, or designed or intended to be at normal atmospheric pressure when a person is in the space?		
3	 Is there likely to be a risk to health and safety from: At atmosphere with an unsafe oxygen level, or Contaminants, including airborne gases, vapors and dusts, that may cause injury via fire or explosion, or Harmful concentrations of any airborne contaminants, or Engulfment 		

If yes is answered for all of the questions above, the space is classified as a confined space, proceed to the Risk Assessment below.



Control measures are intended to either eliminate the risk of the job (task) or reduce it to As Low as Reasonably Practical (ALARP). Using the Risk Score Matrix, assess each step for the risk that remains (residual risk) after taking the listed control measures into account.

The matrix is used to determine the potential severity and the likelihood of the remaining risk for each hazard, which leads to a risk ranking code of Low, Medium or High (L, M, H).

				HAZARD AND RISK MANAGEMENT		
HAZARD	YES	NO	DETAILS	CONTROLS (as low as reasonable practicable)	RESIDUAL RISK	ACTION BY
Is the space likely or intended to be entered?						
Is there a risk of the atmospheric pressure within the space changing to an unsafe level?						
Is there any risk that the atmosphere will be unsafe prior to entering the space? (Gasses, vapours etc)						
Once inside the space, is there any risk of any harmful contaminant or process entering the space or being created from inside? (Eg: Fumes, Vapour)						
Is there any reason that work occurring outside or near the space may cause oxygen deficiency?						
Can any other substances be introduced into the space whilst being occupied?						
Is there sufficient lighting?						

RISK RATING	5. DISASTER	4. SEVERE	3. SERIOUS	2. SIGNIFICANT	1. MINOR
A = Certain	1	2	4	7	11
B = Likely	3	5	8	12	16
C = Possible	6	9	13	17	20
D = Unlikely	10	14	18	21	23
E = Rare	15	19	22	24	25



				HAZARD AND RISK MANAGEMENT		
HAZARD	YES	NO	DETAILS	CONTROLS (as low as reasonable practicable)	RESIDUAL RISK	ACTION BY
Are there any possible hazards associated with lighting or introduced lighting in this space? (EG Explosive atmosphere)						
Are there any electrical hazards present?						
Is continual communication between people in space and standby person difficult?						
Is there a risk of entanglement from any moving parts within the space?						
Does the design purpose or layout of the space require additional PPE?						

DESCRIBE THE CONFINED SPACE, INCLUDE DETAILS SUCH AS LOCATION, ACCESS, ETC

RISK RATING	5. DISASTER	4. SEVERE	3. SERIOUS	2. SIGNIFICANT	1. MINOR
A = Certain	1	2	4	7	11
B = Likely	3	5	8	12	16
C = Possible	6	9	13	17	20
D = Unlikely	10	14	18	21	23
E = Rare	15	19	22	24	25



ATTACH PHOTOGRAPHS OF THE CONFINED SPACE

DESCRIBE ANY EMERGENCY EQUIPMENT REQUIRED FOR CONFINED SPACE RESCUE (EG Boom Lift, Ladder etc)

RISK RATING	5. DISASTER	4. SEVERE	3. SERIOUS	2. SIGNIFICANT	1. MINOR	
A = Certain	1	2	4	7	11	
B = Likely	3	5	8	12	16	
C = Possible	6	9	13	17	20	
D = Unlikely	10	14	18	21	23	
E = Rare	15	19	22	24	25	



Sign off by persons carrying out Risk Assessment:

I have been involved in the development of this Risk Assessment, I certify the information above is true of the area assessed.

NAME	SIGNED	JOB TITLE	EXPERTISE AREA	DATE

