




<b>Part 3 - Hazard Assessment Checklist</b>		Check off all applicable boxes indicating the POTENTIAL hazards. Review the Confined Space Assessment flow diagram in the Confined Space Entry, Health and Safety Standard III-2. Also review the Safety Data Sheet for any materials in the tank or that will be taken into the tank.			
	Yes	No		Yes	No
Oxygen Deficiency			Explosive Dusts		
Enriched oxygen atmosphere			Electrical shock		
Change in Atmosphere			Engulfment		
Toxic contaminants			Drowning		
Combustibles			Heat or Cold Stress		
Falls			Burns		
Noise			 Radiation*		
Other _____			Other _____		

**\*For Belledune only, if the space has radioactive sources also use “Confined or Enclosed Space Dosimetry Record”, Form #1359**

<b>Part 4 - Equipment and Methods Checklist</b>		Check off all applicable equipment and/or methods to be used for job safety or rescue from this confined space.			
<b>1. Air monitor tests</b>	Oxygen	<input type="checkbox"/>	Combustible gases	<input type="checkbox"/>	
	Toxics (specify)	<input type="checkbox"/>	_____		
<b>2. Ventilation equipment</b>	Natural ventilation	<input type="checkbox"/>	Forced general ventilation (blower)	<input type="checkbox"/>	
	Local exhaust ventilation	<input type="checkbox"/>	Verification of Effective Ventilation	<input type="checkbox"/>	
<b>3. Communication</b>	Verbal	<input type="checkbox"/>	Visual	<input type="checkbox"/>	
	Other(specify)	<input type="checkbox"/>	_____		
<b>4. Fall protection/ rescue equipment</b>	Harness	<input type="checkbox"/>	Lifeline	<input type="checkbox"/>	
	Fall arrest (specify)	<input type="checkbox"/>	_____		
	Retrieval/rescue device	<input type="checkbox"/>	_____		
<b>5. Protective clothing</b>	Hard Hat	<input type="checkbox"/>	Footwear	<input type="checkbox"/>	Gloves <input type="checkbox"/>
	Glasses	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	Hearing protection <input type="checkbox"/>
	Others (specify)	<input type="checkbox"/>	_____		
<b>6. Respiratory protection</b>	Air purifying	<input type="checkbox"/>	Dust mask (specify type)	_____	
		<input type="checkbox"/>	Cartridge (specify type)	_____	
	Air supplied- Airline	<input type="checkbox"/>	5-minute egress bottle.		
		<input type="checkbox"/>	Self-contained breathing apparatus (SCBA)		
<b>7. Electric equipment</b>	Low voltage	<input type="checkbox"/>	GFCI	<input type="checkbox"/>	Double Insulated <input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	_____		
<b>8. General</b>	Barricades	<input type="checkbox"/>	Signs	<input type="checkbox"/>	Fire extinguisher <input type="checkbox"/>
	Stretcher	<input type="checkbox"/>	First aid kit	<input type="checkbox"/>	Resuscitator <input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	_____		