

Hazard Assessment Form for Confined Spaces

General Information

Project / Job Name

Confined Space Location / ID

Date

Assessment Completed By

Hazard Identification

Potential Hazard	Present? (Yes/No)	Description / Details	Controls in Place
Oxygen deficiency/enrichment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Toxic gases/vapors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Flammable/explosive atmosphere	<input type="text"/>	<input type="text"/>	<input type="text"/>
Engulfment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mechanical hazards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrical hazards	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments / Observations

Assessment Sign-Off

Assessor's Name

Signature

Date