

## Brewery Confined Space Hazard Assessment

Location: \_\_\_\_\_ Assessment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### I. CONFINED SPACE CLASSIFICATION & LABELING

This space is a:

- |  |  |
|--|--|
| <input type="checkbox"/> Permit-Required Confined Space                                | <input type="checkbox"/> Entry Under Alternate Procedure<br>(Program Administrator Approval) |
| <input type="checkbox"/> Non-Permit Required Space<br>(Program Administrator Approval) | <input type="checkbox"/> Not a Confined Space  |
| <input type="checkbox"/> Proper signage posted and visible                             |  |

### II. CONFINED SPACE LOCATION/DESCRIPTION

Confined Space Description: \_\_\_\_\_

Space Number: \_\_\_\_\_

Space Access:     At Ground/Floor Level             Below Ground/Floor Level             Elevated  
                              Indoor     Outdoor: *If outdoors, give reference points & distance*

Dimensions: \_\_\_\_ X \_\_\_\_ X \_\_\_\_ (feet)

\_\_\_\_\_  
*(Reference Points)*

No. of Access Openings: \_\_\_\_\_

\_\_\_\_\_  
*(Distance)*

Volume (cubic feet): \_\_\_\_\_ Primary Access Point: \_\_\_\_\_

Means or Access Into Space:

<input type="checkbox"/> Portable Ladder	<input type="checkbox"/> Existing Ladder
<input type="checkbox"/> Stairwell	<input type="checkbox"/> Above Ground Hand Hold Provided.
<input type="checkbox"/> Horizontal	<input type="checkbox"/> Elevated
<input type="checkbox"/> Vertical	<input type="checkbox"/> Other: _____

### III. PROCESS PERFORMED IN SPACE

Identification of Process: \_\_\_\_\_

Chemicals or Hazardous Materials in Use?                             YES                             NO

If Yes:    **Chemical or Hazardous Material Name (describe below)**                            **Quantity (Lbs./Gals.)**

- |                          |       |       |
|--------------------------|-------|-------|
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |

Copy of SDS required at worksite.

Residual Waste Products/Sludge Present When Space is Emptied?                             YES                             NO

### IV: ENTRY PARAMETERS

Primary Reason for Entry:

<input type="checkbox"/> Preventative Maintenance	<input type="checkbox"/> Inspection	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Maintenance Repair	<input type="checkbox"/> Other:	

Frequency of Entry:                             Daily                             Weekly                             Monthly                             Other: \_\_\_\_

**IX. HAZARD IDENTIFICATION**

**Atmospheric Hazards**

- Oxygen deficiency
- Oxygen enrichment
- Flammable substances
- Toxic gases, vapors, liquids

**Configuration Hazards**

- Interior shape or slope
- Low overhead clearance
- Drop offs
- Complex layout
- Structural integrity
- Compartmentalized
- Elevated work surfaces
- Sharp surfaces
- Inwardly converging walls
- Maneuverability

**Potential Energy Sources**

- Electrical
- Hydraulic
- Pneumatic
- Mechanical
- Steam
- Piping Systems
- Spring actuated
- Gravity
- Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Content Hazards**

- Decomposing organic matter
- Shifting content
- Engulfment
- Dust
- Inerting agents (Nitrogen, Argon, Carbon Dioxide)
- Content fill or removal
- Hazardous material

**Environmental Hazards**

- Slippery surfaces
- Noise
- Vibration
- Extreme temperatures within space
- Damp / wet conditions
- Snakes / rodents / insects
- Falling objects / suspended loads
- Fire suppression systems
- Poor illumination/visibility
- Asbestos
- Others: \_\_\_\_\_

**External Hazards**

- Traffic
- Machinery / equipment
- Work in neighboring compartments
- Terrain
- Weather
- Processes
- Others: \_\_\_\_\_

**XX. SPECIAL HAZARDS / REQUIREMENTS / NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*NOTE\**** - Work activities that may result in the use of chemicals which are not identified on this form being introduced into the confined space, hot work performed within the confined space, or any other activity resulting in hazard changes, will require that the space be re-evaluated. These must be authorized and approved for use within the space by the Confined Space Entry Program Administrator, prior to entry.

**EVALUATORS**

_____	_____	_____/_____/_____ (DATE: dd/mm/yy)
(NAME: print legibly)	(TITLE)	
_____	_____	_____/_____/_____ (DATE: dd/mm/yy)
(NAME: print legibly)	(TITLE)	
_____	_____	_____/_____/_____ (DATE: dd/mm/yy)
(NAME: print legibly)	(TITLE)	