



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists – Confined Space Evaluation Form

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COMPANY PROPRIETARY INFORMATION

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Confined Space Evaluation Form

PART I																
PROJECT:	TANK/SPACE ID No.:															
LOCATION OF SPACE:	DESCRIPTION OF SPACE:															
<p>Classification of the Space: Is it a confined space? Does it meet <u>ALL</u> of the following requirements?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 10%;">Yes</th> <th style="text-align: left; width: 10%;">No</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Is space large enough and configured so that an employee can bodily enter and perform assigned work?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Does space have limited or restricted means for entry (for example: tanks, vessels, silos, storage bins, hoppers, vaults, and pits)?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Is space NOT designed for continuous human occupancy?</td> </tr> </tbody> </table>		Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Is space large enough and configured so that an employee can bodily enter and perform assigned work?	<input type="checkbox"/>	<input type="checkbox"/>	Does space have limited or restricted means for entry (for example: tanks, vessels, silos, storage bins, hoppers, vaults, and pits)?	<input type="checkbox"/>	<input type="checkbox"/>	Is space NOT designed for continuous human occupancy?			
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<p>Confined Space Determination:</p> <p><input type="checkbox"/> Because all three conditions are not met, the space is not considered a CONFINED SPACE; therefore, no further evaluation is required.</p> <p><input type="checkbox"/> All three conditions are met; additional evaluation of the following items will determine if it is a PERMIT-REQUIRED SPACE.</p>																
<p>Does the space contain <u>one or more actual</u> or potential safety or health hazards?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 10%;">Yes</th> <th style="text-align: left; width: 10%;">No</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td> 1. Space contains or has a potential to contain a hazardous atmosphere: Atmospheric Condition: Low oxygen <input type="checkbox"/> Flammable liquid/vapor <input type="checkbox"/> Specify: _____ Toxic Material <input type="checkbox"/> specify: _____ Cannot be determined, further evaluation required <input type="checkbox"/> Issue: _____ </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>2. Space contains a material that has the potential for engulfment. Material: _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>3. Space has internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a smaller cross-section. If yes, describe: _____ _____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>4. Space contains any other recognized serious safety or health hazard. Describe: _____ _____</td> </tr> </tbody> </table> <p><i>If ANY of the above items is marked "YES," the space is a "Permit-Required Confined Space." If ALL above items are marked "NO," the space is "Not Permit-Required."</i></p>		Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	1. Space contains or has a potential to contain a hazardous atmosphere: Atmospheric Condition: Low oxygen <input type="checkbox"/> Flammable liquid/vapor <input type="checkbox"/> Specify: _____ Toxic Material <input type="checkbox"/> specify: _____ Cannot be determined, further evaluation required <input type="checkbox"/> Issue: _____	<input type="checkbox"/>	<input type="checkbox"/>	2. Space contains a material that has the potential for engulfment. Material: _____	<input type="checkbox"/>	<input type="checkbox"/>	3. Space has internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a smaller cross-section. If yes, describe: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	4. Space contains any other recognized serious safety or health hazard. Describe: _____ _____
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<p>Previous Air Testing</p> <p>If only item 1 below is marked "Yes" <u>and</u> previous testing has indicated no atmospheric hazard, then no permit is required if continuous mechanical ventilation and continuous air monitoring are conducted during the entry.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; width: 10%;">YES</th> <th style="text-align: left; width: 10%;">NO</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>1. History of air testing conducted by competent person demonstrating no atmospheric hazard?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>2. Records available?</td> </tr> </tbody> </table> <p><i>If either box is marked "NO," then classification as a "Permit-required Confined Space" is necessary.</i></p>		YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	1. History of air testing conducted by competent person demonstrating no atmospheric hazard?	<input type="checkbox"/>	<input type="checkbox"/>	2. Records available?						
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<p>ON THE BASIS OF THIS EVALUATION, THE CONFINED SPACE IS CLASSIFIED AS FOLLOWS (CHECK ONE):</p> <p><input type="checkbox"/> Permit-required Confined Space</p> <p><input type="checkbox"/> Not Permit-required but must have continuous mechanical ventilation and continuous air monitoring for all entries.</p> <p><input type="checkbox"/> Not Permit-required</p>																
<p>List any work activities or conditions that may cause the reclassification of this space:</p> 																

PART II			
1. List chemicals normally stored/present:			
2. Lockout: indicate if the following energy sources are present. If present, include a brief description; these hazards must be isolated or controlled prior to entry:			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Motion: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical (fans): _____	
<input type="checkbox"/>	<input type="checkbox"/>	Pneumatic: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic (water pumps): _____	
<input type="checkbox"/>	<input type="checkbox"/>	Thermal: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Chemical Reaction: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Radioactive: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	
3. Identify Entry/Exit Restrictions:			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Entry requires use of both hands and feet?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Side entry available?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Opening < 30 inches in diameter?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Entry/exit on different levels?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Opening < 2 feet by 2 feet?	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Entry/exit includes interior turns?	<input type="checkbox"/>
4. Rescue will be accomplished by ENTRY methods. Nonentry rescue will require entrants to use safety harness and lifelines.			
5. If vertical retrieval will be greater than 5 feet, mechanical hoist and/or other retrieval devices will be required for nonentry rescue. Is there clearance or restrictions for retrieval devices?			
6. Will communications be restricted between entrants and/or entrants and attendants (by visual obstruction or loud noise)			
7. Determine the air volume of the space in cubic feet. Multiply length x width x height =			
8. Identify the fresh air intakes or exhaust points that do not restrict access or egress:			
9. Identify the type and duration of ventilation to be used prior to air testing/entry: Natural ventilation. Would only consider mechanical ventilation if working on the ammonia piping.			
10. Would surface residue or residual material present a hazard to entrants? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is washing/flushing prior to entry necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will hazardous waste be generated by washing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Review the items below and identify those needed for any entry into this Permit-required Confined Space: (Specify equipment where lines are provided.)			
<input type="checkbox"/> Respirators: _____	<input type="checkbox"/> Mechanical retrieval equipment if >5 feet		
<input type="checkbox"/> Protective clothing: _____	<input type="checkbox"/> Life lines and harness, if nonentry rescue		
<input type="checkbox"/> Head, hand, and foot protection: _____			
<input type="checkbox"/> Portable eyewash: _____			
12. Describe any additional requirements for entry into this Permit-required Confined Space: _____ _____			

_____ Date

_____ Entry Supervisor Signature