

Register and Risk Assessment Guide

Print and complete for each confined spaces risk.

Name of structure space (and unique ID):

Location of structure/space:

Is this a confined space (with respect to the regulation criteria)?

	Yes	No	
Is the space enclosed or partially enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space have a limited or restricted means of entry and exit for personnel?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the space likely to be entered by a person for any reason? (e.g. inspection, maintenance, cleaning)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the space designed or intended to be, at normal atmospheric pressure while any person is in the space?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the space contain, or could it contain: <ul style="list-style-type: none">• Harmful airborne or flammable contaminants (e.g. chemical fumes, vapours, gases)• An unsafe oxygen level (e.g. too low or too high)• Substances that could cause engulfment	<input type="checkbox"/>	<input type="checkbox"/>	

If Yes to **any** of these questions, include the structure/space in your Register of confined spaces and complete the Risk Assessment Guide on the next page.

Risk Assessment Guide

(To be used for each confined spaces risk)

Hazard	Present		Details	Action/Controls
	Yes	No		
Entry/Exit Is the space likely or intended to be entered (e.g. inspection, cleaning, maintenance)?	<input type="checkbox"/>	<input type="checkbox"/>		
Atmosphere Is there a chance that the atmospheric pressure could change to an unsafe level?	<input type="checkbox"/>	<input type="checkbox"/>		
Before entry, is there any risk that the atmosphere may be unsafe (e.g. refrigerant gases; cleaning chemicals; vapours from fumigants, fuel, decomposing material; reduced oxygen; explosive vapours)?	<input type="checkbox"/>	<input type="checkbox"/>		
Once inside the space, is there a risk of any harmful contaminant entering or being created in the space (e.g. hazardous cleaning chemicals, carbon monoxide)?	<input type="checkbox"/>	<input type="checkbox"/>		
Could any process occurring inside cause oxygen deficiency?	<input type="checkbox"/>	<input type="checkbox"/>		
Contents Is any material present in the space that could result in engulfment (e.g. grain, pellets)?	<input type="checkbox"/>	<input type="checkbox"/>		
Could any other substance be introduced into the space while it is occupied (e.g. water, oil, fuel)?	<input type="checkbox"/>	<input type="checkbox"/>		
Lighting Could there be insufficient light?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any hazards associated with lighting in the space?	<input type="checkbox"/>	<input type="checkbox"/>		
Electricity Are any electrical hazards present?	<input type="checkbox"/>	<input type="checkbox"/>		

Hazard	Present		Details	Action/Controls
	Yes	No		
Entanglement Is there a risk of entanglement with any moving parts in the space (e.g. agitators, augers)?	<input type="checkbox"/>	<input type="checkbox"/>		
Communication Could the 'standby' person have any difficulty communicating with a person inside?	<input type="checkbox"/>	<input type="checkbox"/>		
Personal protective equipment (PPE) Is PPE required to enter the space (e.g. breathing apparatus)?	<input type="checkbox"/>	<input type="checkbox"/>		
Is PPE required to undertake the work in the space (e.g. chemical or hot water use)?	<input type="checkbox"/>	<input type="checkbox"/>		

Emergency planning for this confined space

Description of the features of the space (e.g. type of access, conditions inside the space)	Description of emergency process when required (e.g. emergency services, elevated platform, mechanical ventilation)	Description of emergency equipment required for entry (e.g. lifting equipment, torch)

**** OHS law requires filing of this completed form in the relevant farm folder and retain for two years. ****