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|  | **CONFINED SPACE ENTRY – RISK ASSESSMENT** | **Form CSE-RA** |

**To be completed by a competent person – WHS Regulation Section 66**

**Confined Space:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confined Space No.:** \_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of Work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hazards: Consequence (refer to table below)**

**Nil Minor Moderate Major Extreme**

Burning/fire

Carbon monoxide – max 50ppm

Cardiac arrest

Combustible gases – max 5% LEL

Crush syndrome

Electric shock

Entrapment

Engulfment

Excess oxygen > 23.5%

Explosion

Heat stress

Infection

Job related chemical change

Lack of oxygen <19.5%

Noise

Physical trauma

Posture problems

Radiation

Respiratory irritant

Scalding

Skin irritant

Stress attack

Temperature extremes

**Tick one box for all hazards**

|  |  |  |  |
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| **CONSEQUENCES –** How severely could it hurt someone | | | |
| **Extreme –** Death or permanent disablement | **Major –** Immediate treatment as an inpatient in a hospital | **Moderate –** Treatment by a doctor as an outpatient | **Minor –** First aid treatment, no lost time |

**Contaminant: Yes No Contaminant: Yes No**

Biological   Dusts

Fumes   Gases

Liquids   Materials

Mists   Rays – solar, laser

Sludge   Solids

Vapours   **Tick one box for all contaminants**

**Identification of substance within or last contained within the space:** Yes No

**Substance identified:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Possible to complete task without physical entry:** Yes No

**Range of Possible Work Methods:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method to be used to complete the work:**

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**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Proceed to Confined Space Entry Permit*