

CONFINED SPACES INVENTORY

Building/Location: _____ Date: _____

Department: _____ Performed By: _____

Name of Confined Space	Location	Hazardous Atmosphere	Engulfment Hazard	Entrapment Hazard	Hazardous Energies	Other Hazards (Specify)	Atmospheric Testing Combustible, O2, CO, H2S, other Toxics - specify
1							
2							
3							

<p>1 Space Description:</p> <p>Access Type: _____ Size: _____</p> <p>Interior Dimensions: _____</p> <p>Contents: _____</p> <p>Miscellaneous: _____</p> <p>Drawing: _____</p>	<p>2 Space Description:</p> <p>Access Type: _____ Size: _____</p> <p>Interior Dimensions: _____</p> <p>Contents: _____</p> <p>Miscellaneous: _____</p> <p>Drawing: _____</p>	<p>3 Space Description:</p> <p>Access Type: _____ Size: _____</p> <p>Interior Dimensions: _____</p> <p>Contents: _____</p> <p>Miscellaneous: _____</p> <p>Drawing: _____</p>
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Y = Yes N = No P = Potential