

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, O ₂ , CO, H ₂ S, Other Toxics - Specify
1.							
2.							
3.							

Y = Yes N = No P = Potential

<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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