**Confined Space Checklist**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Precautions taken:** (place check mark in blank as precautions taken)

\_\_\_\_\_\_Notify the Environmental Health and Safety Department.

\_\_\_\_\_\_ Ventilation/blower used before entering.

\_\_\_\_\_\_ All employees entering have been properly trained.

\_\_\_\_\_\_ Ventilation/blower used continuously while personnel is space.

\_\_\_\_\_\_ Oxygen monitoring performed.

\_\_\_\_\_\_ Continuous oxygen monitoring while personnel in space.

\_\_\_\_\_\_ Emergency procedures reviewed.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_