

Confined Space Survey Form

Date of Survey: _____

Permit Required: Y N

Confined Space Number: _____

Building Number: _____

Location of Space:

Description of Space:

Possible Atmospheric Hazards:

Possible Physical Hazards:

Orientation of Space: Horizontal / Vertical

Unusual Hazards:

Reasons for Entry: _____

Typical Entry Activities:

Who Usually Enters Space:

Frequency of Entry: _____

Number of Entry Points: _____

Potential Energy Hazards Connected to Space (Mechanical, Electrical, Steam, Etc.):

Survey Completed By: _____

Date: _____

Telephone Number: _____

Used for information clarification only.

Department: _____

Comments: _____

