



# CONFINED SPACE DATA ENTRY FORM

NAME (i.e. Sanitary Manhole #34; P178): \_\_\_\_\_

LOCATION (i.e. 100 yd NW intersection of Pine & Road A1): \_\_\_\_\_

**TYPE (check one):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Beam/Experimental Enclosure | <input type="checkbox"/> Electrical Pit     | <input type="checkbox"/> Sanitary Manhole        |
| <input type="checkbox"/> Well                        | <input type="checkbox"/> Communications Pit | <input type="checkbox"/> Storm Water Manhole     |
| <input type="checkbox"/> Tank                        | <input type="checkbox"/> Elevator Pit       | <input type="checkbox"/> Lift Station (wet well) |
| <input type="checkbox"/> Vault                       | <input type="checkbox"/> Crawl Space        | <input type="checkbox"/> Lift Station (dry well) |
| <input type="checkbox"/> Pump Pit                    | <input type="checkbox"/> Air Handler        | <input type="checkbox"/> Other: _____            |

**PERTINENT DIMENSIONS:**

Access \_\_\_\_\_ ft X \_\_\_\_\_ ft or \_\_\_\_\_ ft diameter

Equipment Hatch \_\_\_\_\_ ft X \_\_\_\_\_ ft or \_\_\_\_\_ ft diameter

Depth \_\_\_\_\_ ft

Interior \_\_\_\_\_ ft X \_\_\_\_\_ ft or \_\_\_\_\_ ft diameter

**HAZARDS (Check all that apply):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Water                   | <input type="checkbox"/> Flammable Materials | <input type="checkbox"/> Mechanical        |
| <input type="checkbox"/> Poor illumination       | <input type="checkbox"/> Toxic Chemicals     | <input type="checkbox"/> Oxygen Deficiency |
| <input type="checkbox"/> Radiation/Contamination | <input type="checkbox"/> Engulfment          | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Electricity             | <input type="checkbox"/> Fluids/Gases        | <input type="checkbox"/> Other: _____      |

**MISCELLANEOUS:**

Inside a building:      Yes      No      If Yes, FIMS No: \_\_\_\_\_

Ladder Present?:      Yes      No

Stairway Present?:      Yes      No

Mechanical Ventilation Present?:      Yes      No

Retrieval Device (Select one):      Tripod      Jib Hoist      Other: \_\_\_\_\_

   Truck-mounted hoist      Overhead Pulley

NOTES (include unique aspects of space such as overhead hazards, terrain, etc.): \_\_\_\_\_

\* Include diagram of location and picture of space on the back of this form and return completed form to Division/Section ES&H.