

CONFINED SPACE DATA ENTRY FORM

NAME (e.g. Sanitary Manhole #34; 178): _____

LOCATION (e.g. 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 a diagram of location and a photo of the space on the back of this form and return the completed form to the ESH&Q Section (MS 119).**