

Confined Space Annual Checklist

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have all the confined spaces been evaluated and a contact person been identified? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have the spaces been evaluated to determine their hazards? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have the classifications of the spaces been determined (permit vs. non-permit)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is there a process to notify contactors of hazards of confined spaces, the entry procedures established, and implemented? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has the confined space program including "near misses" and problem entry been evaluated? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has training been provided for employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. For declassification; is the certification containing date, location, supporting justification, and signature available? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Has a rescue team or service been designated? If so, have drills been conducted? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has the district conducted assessments which are dated and signed by the assessor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are the proper people reviewing the program and obtaining school board approval annually? |

Date:

Reviewer:

Program Administrator: