

APPENDIX "A"
Confined Space Assessment Form

Building: _____ **Location:** _____

Space Description: _____

Date: _____

Confined Space Criteria

If the answer is yes to *all* three of the following questions, the space is a confined space.

Is the space large enough to enter and perform work?	Yes	No
Would a person have difficulty getting out of the space in the event of an emergency?		
time?	Yes	No

Permit Required Confined Space Criteria