

Confined Space Self Audit Checklist

This form is designed to be used as a guide when reviewing confined space entries that were completed for your department.

Type of Confined Space located in the department. Please check all that apply <input type="checkbox"/> Category I <input type="checkbox"/> Category II <input type="checkbox"/> Category III

YES	NO	N/A	Audit Questions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the Department have a Confined Space Inventory/list?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has an evaluation been completed for each space?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are training records available for the employees involved in the entries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all entry permits available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were all entry permits completed by the supervisor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were all entry permits reviewed by the supervisor, attendant, and entrant(s) prior to entry?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do the entrant(s) know the hazards associated with the confined spaces?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are entry permits available at the location of the confined space during entries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all spaces properly labeled?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you maintaining prior air monitoring records?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you maintaining calibration records performed on the meters?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is forced-air ventilation required for any of your spaces?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the forced-air ventilation equipment effective when used?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do attendants have clear and continuous communications with the entrant(s) at all times?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are the rescue retrieval devices adequate for your entries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are copies of Entry Notification forms available for past entries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were all energy sources properly locked and tagged out prior to entries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were all powered tools or equipment plugged into a GFCI outlet?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were there any problems that occurred during the entries? Please describe below under comments.

Comments and ideas for improved entries:
--

Auditor's Printed Name & Signature:	Date:
Supervisor's Printed Name & Signature:	Date
Department	Confined Space ID