CONFINED SPACE IDENTIFICATION CHECKLIST

Project / Site:	Date:
Inspected by:	
Description of the area, plant or space:	
Description of any processes or any by-products in area:	
Description of products stored in the area or other by-products:	
Details of operations performed in the space:	How often are these operations performed?
How many people enter the space?	How long is spent in the space?

Is the area a confined space? If yes is answered to *any* of the following questions the "space" is deemed a confined **space in accordance with AS 2865:2009.**

	Yes/No	Details
1. Is the space enclosed or partially enclosed?		
2. Is the space not intended or designed primarily as a workplace?		
3. Is the space at atmospheric pressure during occupancy?		
4. Has or could have a restricted means for entry or exit		
5. Is the space liable at any time to have an atmosphere, which contains or is likely to contain potentially harmful levels of contaminants?		
6. Is the space liable at any time to have an oxygen deficiency or excess?		
7. Can this space at any time contribute to a person being overwhelmed by an unsafe atmosphere or a contaminant?		

Is the area a confined space?	Yes ☐ No ☐
Do the activities have to be performed within the confined space?	Yes ☐ No ☐
Is the area sign posted a "confined space"?	Yes ☐ No ☐
Are there safe work procedures in place to control entry into this confined space?	Yes ☐ No ☐
Has a risk assessment been carried out?	Yes ☐ No ☐