

Brock University Facilities Management Operating Procedures

Annex I

Type of Confined Space:

| Location: | | | |
|---|------------------|-------------------|---|
| Work Performed/Purpose of Entry: | | | |
| Description/Diagram of Confined Space: | | | |
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| | | | |
| | | | |
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| | | | |
| | Existing Hazards | Potential Hazards | |
| Hazards Due To: | | | |
| Design | | | |
| Construction | | | |
| | | | |
| Location | | | |
| | | | |
| Contents | | | |
| | | | |
| Work/Use | | | |
| | | | |
| Assessment Completed By: Name: Title / Job Position: | | | |
| | | | _ |
| I certify that the person listed above has the required knowledge, training and experience to carry out the assessment as required by regulation. | | | |
| Name: | Title / Job Po | sition: | |
| | | | _ |

FMOP 2-2 ANNEX I/1