



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 12.0 – CONFINED SPACES

ATTACHMENT A – CONFINED SPACE INVENTORY

Number: 12.0

Issued: 8/2018

Revised: 1/2024

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FACILITY: _____

YEAR: _____

PERMIT REQUIRED:

The following areas at the facility have been defined as a permit required area (be very specific):

1. _____
2. _____
3. _____
4. _____
5. _____

NON-PERMIT REQUIRED:

The following areas at the facility have been defined as a non-permit required area (be very specific):

1. _____
2. _____
3. _____
4. _____
5. _____

This form is to be updated annually or when conditions at the plant change.

The above information has been reviewed:

Facility Leader (Print Name)

Facility Leader Signature

Date