

CONFINED SPACE EQUIPMENT CHECK LIST

Project Name/Number _____

Field Instruments:

Type	Qty.	Model	Notes
Confined Space Gas Meter	_____	_____	_____
Blower	_____	_____	_____
Tripod	_____	_____	_____
H-Base, Manhole, Wall/Floor Mount	_____	_____	_____
Winch	_____	_____	_____
SRL/Rescue Winch	_____	_____	_____
Stretcher	_____	_____	_____
Ladder	_____	_____	_____
Gas Regulator	_____	_____	_____
SCBA	_____	_____	_____
Spare Air Tank	_____	_____	_____
Escape Pack, 5-Min. /10-Min.	_____	_____	_____
Supplied Air Pack	_____	_____	_____
Airline Hose, 25', 50', 100'	_____	_____	_____
Compressor	_____	_____	_____
Breather Box	_____	_____	_____
Air Compressor	_____	_____	_____
Regulator, Bottled Air	_____	_____	_____
Air Bottles	_____	_____	_____
Generator	_____	_____	_____
Communication/Radio	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Description		Qty	Description		Qty
Calibration Gas					
Harness	Eye Protection		Coveralls		
Gloves	Lockout/Tagout		Other		

Confined Space Permit Yes _____ No _____

Notes: _____

Notes: _____