



Brock University
Facilities Management Operating Procedures

Annex I

Type of Confined Space:

Location:

Work Performed/Purpose of Entry:

Description/Diagram of Confined Space:

	Existing Hazards	Potential Hazards
Hazards Due To:		
Design		
Construction		
Location		
Contents		
Work/Use		

Assessment Completed By:

Name: _____ **Title / Job Position:** _____

Date: _____

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 Position:** _____

Date: _____