

APPENDIX B: CONFINED SPACE AUDIT FORM

	<p>ANNUAL CONFINED SPACE PROGRAM REVIEW FORM</p>
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Reviewer Name/Signature: _____

Review Date: _____



	EVALUATION QUESTION	YES/NO	COMMENTS
PERMIT REVIEW	1) Did the College have any PRCS entries in the past year?	<input type="checkbox"/>	
	2) Are these permits still on file? They must be maintained for 1 year.	<input type="checkbox"/>	
	3) Are the permits completed correctly?	<input type="checkbox"/>	
	4) During any of the PRCS entries, has the College encountered any unforeseen problems or situations?	<input type="checkbox"/>	
	5) Did you have any NPRCS entries during the past year? If so, did you encounter any problems not expected?	<input type="checkbox"/>	
	6) Did you find any errors or problems with the confined space "work space profiles" that need to be corrected or discussed?	<input type="checkbox"/>	
	7) Have any additional confined spaces been added to the campus that a "work space profile" needs to be created?	<input type="checkbox"/>	

	EVALUATION QUESTION	YES/NO	COMMENTS
INVENTORY REVIEW	1) Have new confined spaces been added to the campus in the past 12 months?	<input type="checkbox"/>	
	2) Are signs on all spaces? (Besides storm drains and manholes)	<input type="checkbox"/>	
	3) Are spaces controlled?	<input type="checkbox"/>	