



## Inspection Checklist

Name of Location:

Name of Inspector(s):

Date:

### Confined Spaces

Inspection Items	Yes, No or Not Applicable (Circle one)	Corrective Action Planned	Who is Responsible	Action Date
Every confined space on the farm has been clearly identified with a warning sign that explains the type of hazard.	Yes No N/A			
Access to each confined space is limited.	Yes No N/A			

Other Notes:

Please use the following **Checklist** as a guideline to building your own checklist.

