



## Safety Topic Info Sheet

### CONFINED SPACE

A confined space is defined in Section 5158(b) of the General Industry Safety Orders (GISO) by the concurrent existence of the following conditions:

- (A) Existing ventilation is insufficient to remove any dangerous air contamination and/or oxygen deficiency, which may exist or develop.
- (B) Ready access or egress for the removal of a suddenly disabled employee is difficult due to the location and/or size of the opening(s).

City of Los Angeles, Personnel Department, Occupational Safety has determined that all confined spaces will be designated as a Permit Required Confined Space (PRCS).

BCA IIPP PRCS policy is, **“NO BUREAU EMPLOYEE MAY ENTER A PERMIT-REQUIRED CONFINED SPACE UNLESS APPROVED IN ADVANCE BY DIVISION CHIEF”**.

**A. If a PRCS can be reclassified to a Non-Permit Required Confined Space per Section 5157 (A) which stipulates “(t)hat if a space has a known or potential hazard and this hazard/potential hazard”**

- 1) Can be eliminated, or
- 2) The space can be maintained in condition safe to enter by continuous forced air ventilation only

**B. Then entry may be authorized as long as all the following provisions are met.**

- 1) Received confined space training
  - i - HAS116 Confined Space Training
  - ii - Gas detector training
  - iii - PPE training
  - iv - First Aid & CPR
- 2) Obtains and verifies that the contractor/owner has a Cal-OSHA compliant Confined Space Policy
- 3) Verifies that the contractor/owner has trained staff and proper equipment for Confined Space Entry and Rescue
- 4) Has authority to enter from District Supervisor

**C. Once entry is authorized the following must be completed**

- 1) Verify and receive a copy of the completed Pre-Entry Confined Space Checklist.
- 2) Verify and document attendees (Post Entry Form) that the four required positions for confined space entry are present
- 3) Once the entry has been completed the inspector shall contact their Supervisor
- 4) Within 7 days the inspector must submit copies of the following to the BCA Safety Engineer
  - i - Completed Pre-Entry Checklist (Contractor)
  - ii - BCA Post Entry Form



INJURY & ILLNESS PREVENTION PROGRAM

CONFINED SPACE - POST ENTRY FORM

Date: \_\_\_\_\_ Weather: \_\_\_\_\_

Project Name: \_\_\_\_\_ W.O.# \_\_\_\_\_

Site Location: \_\_\_\_\_

Contractor: \_\_\_\_\_

Purpose of Entry: \_\_\_\_\_

Inspector/Entrant: \_\_\_\_\_

Dist Supervisor: \_\_\_\_\_

**POST ENTRY SURVEY**

- 1. Contractor has a Cal-OSHA compliant Confined Space Policy Y N
- 2. Did the Contractor reclassify the space as Non-Permit Required Confined Space per Section 5157 (A). Y N *If the Contractor form does not reclassify the space must be treated as a Permit Required Confined Space*
- 3. Contractor has the proper equipment (Please Check)
  - Rescue Equipment \_\_\_\_\_
  - Calibrated Gas Detection\* \_\_\_\_\_ Communication devices \_\_\_\_\_ Appropriate PPE \_\_\_\_\_

*\*The contractor must continually monitor the air with gas detectors while any worker is in the space.*

4. Identification of Trained Confined Space Staff

<u>Attending Staff</u>	<u>Name of Individual (Must be Legible)</u>	<u>Contractor or BCA</u>
Entry Supervisor	_____	_____
Entrant (1)	_____	_____
Entrant (2)	_____	_____
Entry Assistant	_____	_____
Rescuer	_____	_____

5. Hazards of the space to be entered

Atmospheric \_\_\_\_\_ Engulfment \_\_\_\_\_  
 Configuration \_\_\_\_\_ Another serious hazard \_\_\_\_\_

6. District Supervisor Approval

*If not explain why* \_\_\_\_\_

7. Time of Entry \_\_\_\_\_ Completion Time \_\_\_\_\_

8. Entry was problem free \_\_\_\_\_ *(If problems were encountered please describe them below)*

9. Was the District Supervisor notified when the entry was completed Yes \_\_\_\_\_ No \_\_\_\_\_

**REQUIRED SIGNATURES**

\_\_\_\_\_  
*Inspector/Entrant (Printed)* \_\_\_\_\_ *Supervisor (Printed)*

\_\_\_\_\_  
*Inspector/Entrant (Signature)* \_\_\_\_\_ *Supervisor (Signature)* \_\_\_\_\_

\_\_\_\_\_  
*Date* \_\_\_\_\_ *Date*