

London N. Breed, Mayor Philip A. Ginsburg, General Manager

## **CONFINED SPACE EVALUATION FORM**

ENVIRONMENT, HEALTH AND SAFETY PROGRAM 501 STANYAN STREET, SAN FRANCISCO, CA 94117-1898 • 415.831.2776 P • 415.831.2098 F

DIRECTIONS: Use this form to determine if the space you are about to work in is or can become a confined space. Use of this form requires you have completed all training requirements and understand the terms and methods required to determine responses to the questions. See the Confined Space Safe Work Practice for next steps if is identified as a non-permit or permit-required confined space.

LOCATION (I.E., MISSION, RICHMOND, PALEGA, ETC.)	STRUCTURE (I.E., REC CENTER, TANK, PARKING LOT, ETC.)	FLOOR	ROOM(S)

## Primary Conditions: Is this a confined space?

<b></b>			
1.	This space is not designed for continuous employee occupancy <sup>i</sup> ? (A "Yes" answer	🖵 Yes	🖵 No
	means the space <i>is not</i> designed for continuous employee occupancy; a "No"		
	answer means the space is designed for continuous employee occupancy)		
2.	This space has limited or restricted means for entry or exit which would make it	🖵 Yes	🛛 No
	difficult to remove someone who suddenly becomes disabled?		
3.	This space is large enough for an employee to enter and perform assigned work?	🖵 Yes	🛛 No

Did you answer YES to ALL of the above items?

- □ YES. This is a confined space. Continue to the next set of questions (4-12) to determine if a permit is required.
- □ NO. The space is **not a confined space.** No further action required.

## Secondary Conditions: Is this a Permit-Required Confined Space?

4.	This space contains or has the potential to contain a hazardous atmosphere	🖵 Yes	🛛 No
	recognized as Immediately Dangerous to Life and Health (IDLH)?		
5.	This space contains or has the potential to contain a flammable gas, vapor, or	🖵 Yes	🛛 No
	mist in excess of 10% of its Lower Flammable Limit (LFL)?		
6.	This space contains or has the potential to contain an atmospheric oxygen	🖵 Yes	🛛 No
	concentration below 19.5% or above 23.5%?		
7.	This space has an airborne combustible dust at a concentration that obscures	🖵 Yes	🛛 No
	vision at a distance of 5 feet or less?		
8.	This space has an atmospheric concentration of any substance in excess of its	🖵 Yes	🛛 No
	Permissible Exposure Limit (PEL) as published by OSHA or listed on the		
	manufacturers Safety Data Sheet (SDS)?		
9.	This space contains a material (liquid, granular, pelletized, etc.) with the	🛛 Yes	🛛 No
	potential for engulfment (drowning, crushing, trapping, or suffocating)?		

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10. This space has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls, or a floor that slopes downward and tapers to a smaller cross-section?	C Yes	🛛 No
11. This space has a lack of natural or mechanical ventilation?	🛛 Yes	🛛 No
12. This space contains mechanical or electrical hazards such as moving parts or		🛛 No
exposed contacts requiring lockout and tagout?		

Did you answer YES to ANY of the above items?

- □ YES. The confined space is a **permit-required confined space**. See the Confined Space SWP for next steps.
- □ NO. The space is **non- permit required confined space.** See the Confined Space SWP for next steps.

COMMENTS, ASSUMPTIONS, QUESTIONS:

## Do not begin entry until Prepared By and Entry Supervisor have completed the below with a name, signature and date

PREPARED BY	NAME	SIGNATURE	DATE

Copy to: EHS Program

<sup>i</sup> "Designed for continuous employee occupancy" would be a space designed with ventilation, lighting, sufficient room to accomplish the anticipated task, etc.