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| COUNTY OF VENTURA | 2012 EMPLOYEE HEALTH & SAFETY MANUAL | GENERAL |
| Originating Agency: GSA | Last Issued Revised | Policy No. 1J |
| Policy: GSA | 8/6/2012 | NON-PERMIT CONFINED SPACE ENTRY PROCEDURES – THERMAL ENERGY STORAGE PITS |
| Forms: N/A | | |

1.0 POLICY

There are two thermal energy storage pits which GSA maintenance engineers and contractors may enter to perform visual inspection or conduct repairs. The purpose of these procedures is to specify safe practices for entry into these areas.

2.0 BACKGROUND

Both thermal energy pits have limited ventilation and egress and meet the Cal/OSHA definition of a confined space. Evaluation of testing data has demonstrated the atmosphere inside the pits to be generally safe. The energy pits do not contain volatile toxic products and are not considered a Permit-Required Confined Space.

3.0 PRE ENTRY PROCEDURES

Before entering the pit, the surrounding area shall be evaluated for conditions with a potential to create air contamination within the space.

- 3.1 The following activities and /or conditions are not permitted under the scope of these procedures:
- a. Combustion equipment being operated in or around the confined space
 - b. Working with cleaners, glues, or other chemicals in or around the confined space
 - c. The presence of large amounts of organic matter or other debris within the confined space
 - d. Welding in or around the confined space

- 3.2 Before entering the confined space cones or other temporary barriers shall be used to prevent an accidental fall through the opening.

4.0 ENTRY PROCEDURES

- 4.1 Employee(s) entering space are to lift utility cover carefully to prevent back injury as well as protect against slipping and falling.

- 4.2 An attendant knowledgeable about the hazards associated with confined space entry is to remain outside the space at all times. The attendant shall be equipped with a radio and/or cell phone to summon help if necessary. The attendant will continuously monitor the entrant(s), as well as conditions outside the space for any change.
- 4.3 The entrant(s) and attendant shall maintain frequent visual or radio contact.
- 4.4 The entrant(s) shall immediately leave the space should any adverse change in condition be observed (by the attendant or entrant) that could indicate the presence of unexpected contaminants.

5.0 TRAINING

Employees required to enter confined space, as well as attendant personnel, shall be trained as to the potential hazards associated with confined space entry, and the importance of following these specific procedures.

6.0 EMERGENCY PROCEDURE

It is NOT the practice of GSA to enter any Permit-Required Confined Space.

It is not the practice of GSA to perform rescue by entry into any confined space. Immediately call 911 and request Fire Department service.

Confined space emergencies shall be reported to the immediate supervisor as soon as possible.

GSA CONFINED SPACE EVALUATION FORM

Date: 6/3/2005

Department: F&M

Area/Building: Hall of Administration - West Lawn

Equipment Name: Thermal Energy Storage Pit

| CONFINED SPACE | | Yes | No |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Size | Is the space large enough or configured to permit bodily entry? | X | |
| 2. Access/Egress | Are there limited or restricted means of access or egress? | X | |
| 3. Occupancy | The space is not designed for continuous human occupancy. | X | |
| PERMIT REQUIRED CONFINED SPACE | | Yes | No |
| 4. Hazard | 1. Is there a potential or actual hazardous atmosphere? If yes, explain - see attached air monitoring data | | X |
| | 2. Is there a potential for engulfment or entrapment? | | X |
| | 3. Is the internal configuration such that an entrant may be trapped or asphyxiated? | | X |
| | 4. Does the space contain any other safety or health hazard? (e.g. mechanical, chemical, thermal, electrical, etc.) If yes, identify | | X |
| If any of the above answers were YES , then YES must be checked for hazard. | | Yes | No |
| 5. | If the only hazard checked for question 4 above was a., would continuous forced air ventilation be sufficient to maintain the confined space safe for entry? | | |
| 6. | Monitoring data available to support question 5? | | |

Based on the answers to the above questions, define the type of confined space.

- Type of space determined:**
1. **Non-regulated space** (no, checked for one or more of questions 1-3)
 2. **Non-permit confined space** (yes, checked for questions 1-3 only)
 3. **Alternate procedure** (yes, checked for questions 1-6, declassify space by providing sufficient ventilation and monitor before entering)
 4. **Permit required** (yes, checked for question 1-4 only) Do Not Enter

***Some conditions that would cause question 4. a to be answered "Yes":**

- * Combustion equipment being operated in or around the confined space.
- * Working with cleaners, glues, or other chemicals in or around the confined space.
- * The presence of organic matter or other debris within the confined space.
- * Workers welding in or around the confined space.
- * The presence of natural gas or other chemical lines within or around the confined space.

A NEW EVALUATION MUST BE COMPLETED IF ENTRY CONDITIONS CHANGE

Completed by: Paula Oberst

Date: 6/3/2005

GSA CONFINED SPACE EVALUATION FORM

Date: 6/3/2005

Department: F&M

Area/Building: Hall of Justice –HOJ Lot E Parking

Equipment Name: Thermal Energy Storage Pit

| CONFINED SPACE | | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Size | Is the space large enough or configured to permit bodily entry? | X | |
| 2. Access/Egress | Are there limited or restricted means of access or egress? | X | |
| 3. Occupancy | The space is not designed for continuous human occupancy. | X | |
| PERMIT REQUIRED CONFINED SPACE | | Yes | No |
| 4. Hazard | 1. Is there a potential or actual hazardous atmosphere? If yes, explain - see attached air monitoring data | | X |
| | 2. Is there a potential for engulfment or entrapment? | | X |
| | 3. Is the internal configuration such that an entrant may be trapped or asphyxiated? | | X |
| | 4. Does the space contain any other safety or health hazard? (e.g. mechanical, chemical, thermal, electrical, etc.) If yes, identify | | X |
| If any of the above answers were YES , then YES must be checked for hazard. | | Yes | No |
| 5. If the only hazard checked for question 4 above was a., would continuous forced air ventilation be sufficient to maintain the confined space safe for entry? | | | |
| 6. Monitoring data available to support question 5? | | | |

Based on the answers to the above questions, define the type of confined space.

- Type of space determined:**
1. ___ **Non-regulated space** (no, checked for one or more of questions 1-3)
 2. **X** **Non-permit confined space** (yes, checked for questions 1-3 only)
 5. ___ **Alternate procedure** (yes, checked for questions 1-6, declassify space by providing sufficient ventilation and monitor before entering)
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