



# H.R. LaBounty Safety Awards Nomination Form

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## Nomination Deadlines:

**Fall Awards: September 30, 2018**

**Spring Awards: February 28, 2019**

**Agency:** Valley Center Municipal Water District

**Project/Initiative Title:** Confined Space Permit Annual Review and Training

## Employee/Department/Committee Nominated:

**Name(s):** Gaby Olson, Ryan Madson, Rick Beath

**Job Title/Department:** Field Department

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## Nomination Summary

*Write a brief summary of your project/initiative. Clearly state the problem/hazard recognized by the nominee and the specific reasons that they initiated corrective action.*

During an annual review of our confined space permits some inconsistencies in filling out the confined space permits were noted. As a result two in depth training sessions were conducted with staff.



*Describe the specific actions taken to resolve the problem(s) or challenge(s). Share the best practices that made this initiative successful for the agency and its impact.*

The first training was conducted by Gaby Olson and consisted of a small group table top activity where each group was given a mock confined space entry scenario. Each group then present to the other groups how they filled out the permit and the process they used to classify the various confined space. The mock confined space scenarios were selected as a result of the annual confined space review.

The second training was conducted by Gaby Olson, Ryan Madson and Rick Beath at our Woods Valley Reclamation Facility with District staff, Valley Center Fire Department, San Pasqual Fire Department and Valley Center Sheriff's Department attending. The same training session was conducted four times to ensure that all District staff and emergency response personnel shifts were all able to attend. The first part of the training was a demonstration of the District's confined space equipment, a discussion about the District's confined space entry procedures and a discussion about the various types of confined spaces located at other District facilities. Rick Beath and Ryan Madson then conducted a tour of the new Woods Valley Reclamation Facility expansion and showed the class participants the onsite confined spaces and location of electrical and chemical hazards.

*State whether the hazard was reduced with engineering controls, introduced a new administrative or work procedure, or relied on personal protective equipment to solve the problem.*

The hazard was reduced by providing additional training to staff which also included training in conjunction with the local fire department agencies and the sheriff's department.

*Describe any extraordinary circumstances that made this nominee's safety accomplishments significant. Describe whether the nominee influenced safety in the workplace, encouraged employee participation in safety efforts, obtained organizational "buy in" to implement the solution.*

The confined space awareness training at our Woods Valley Reclamation facility included all three shifts from the Valley Center Fire Department, San Pasqual Fire Department and Valley Center Sheriff's Department. This training allowed our local response agencies to interact with our District staff but it also gave all attendees the opportunity to become familiar with the facility, the onsite chemical locations, potential hazards and the confined spaces should they have to respond to an emergency at our facility.

After hours emergency response personnel access procedures to the facility were also improved as a result of the combined training sessions.

*Describe whether the project/initiative addressed a hazard or exposure included in the JPIA Commitment to Excellence Program.*

- Office/Field Ergonomics
- Vehicle Operations
- Slip/trip/falls – falls from heights
- Other: review of existing safety program and corrective action taken

*List and attach any supporting materials that you feel are important for the reviewers to gain a complete picture of the nomination. Digital photos, supporting documentation, sample forms, etc.*



digital photo of training and email received from Valley Center Fire Department

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**Nominated by:** Greg Hoyle, Director of Operations/Facilities

**Signature:** Greg Hoyle  
(Type Name)

Date:08/22/2018

**General Manager:** Gary Arant  
(Type Name)

Date:08/22/2018

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Please email this form with supporting documents and digital photos to [tlofing@acwajpia.com](mailto:tlofing@acwajpia.com).



## Gaby Olson

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**From:** Joe Napier <napier@vcfpd.org>  
**Sent:** Wednesday, July 25, 2018 3:01 PM  
**To:** Gary Arant; Greg Hoyle; Tony LoPresti  
**Subject:** Confined Space Awareness Training

Gary,

I attended the confined space awareness training offered by your Safety Division at the new expanded treatment plant on Valley Center Road on Tuesday, July 24th. Your team performed in an exemplary fashion relating all of the critical elements and areas of concern in the event of a mishap at that facility. Please pass on to all concerned the level of gratitude and team comradery we feel as public servants associated with the Valley Center Municipal Water District.

I look forward to future joint training and the potential of working together toward critical equipment and standard performance elements to effect a rescue in the event one occurs.

Sincerely with gratitude,

Joe

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Josef G. Napier  
Fire Chief, Valley Center Fire Department  
28234 Lilac Road  
Valley Center, CA 92082  
[napier@vcfpd.org](mailto:napier@vcfpd.org)  
760-751-7600 office  
760-535-8505 cell  
760-749-3892 FAX



## CONFINED SPACE TRAINING – WOODS VALLEY

July 24<sup>th</sup>, July 25<sup>th</sup> and August 2<sup>nd</sup> – 8:30 a.m. to 10:30 a.m.

- Discuss access to Woods Valley facility – **Gaby**
  - Gate access – Key switch for fire department
  - Knox box on the side of the building
  - Safety Data Sheet location are located inside the tray marked SDS
  - Hazmat plan and emergency plan location – by phone and SDS box
- Review district confined space permit – **Gaby**
  - Our employees must fill out a confined space permit prior to each entry
    - Each permit requires a rescue plan
      - Self-rescue & non-entry rescue by means of the retrieval system
      - District notifies fire department prior to confined space entries
        - District will be working to train our own in house rescue team
  - Provide copy of fire department confined space permit
- Review district confined space entry procedures
  - Woods Valley & Charlan Rd. – **Ryan**
    - Show the confined space assessment sheet – **Ryan**
  - Lake Turner vault and bell – **Gaby**
    - Review lake turner bell and vault entry procedure
- Review district equipment – **Ryan**
  - Set up equipment at a space for demonstration – **Ryan**
    - DBI Sala retrieval system
    - Air monitors
    - Blower
    - Lock out equipment – on folding table
- Tour of woods valley to show confined spaces within the plant – **Rick or Ryan**
  - Show confined spaces
  - Show location of chemicals
- Fire department to discuss their rescue procedures – **Fire Department**

## **Confined Space Permit Table Top Exercise 2018**

1. Employees are split into groups of 3 to 4 employees per group. Each group is assigned a space that the employees normally enter and a normal work task that is performed in that space
2. Each group is given the “Confined Space Pre-Planning Site Assessment” form with their assigned task on top
3. Each group receives copies of the “Confined Space Identification Flow Chart”
4. The groups are given 15 minutes to fill out the “Confined Space Entry Permit” focusing primarily on the back portion of the permit – classifying the confined space
5. The group spokesperson presents to the other groups the steps they took to classify the space



## CONFINED SPACE PRE-PLANNING SITE ASSESSMENT

Date: \_\_\_\_\_ Entry Supervisor: \_\_\_\_\_

Group # 2

Space Name: Lilac – Old Castle PRV

Rebuild PRV  
Sample

Address/GPS Coordinates: N 33.2509° W 117.06805°

Type of Space:  Vault     Manhole     Reservoir     Water truck tank     Bridge

Sewer Vault     Sewer Manhole     Sewer wet well

Other \_\_\_\_\_

Confined Space Criteria * (Must meet all 3 criteria)	Yes	No
1. Is the space large enough so an employee can bodily enter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the space have limited or restricted means for entry and exit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the space designed for continuous occupancy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><i>*These spaces may include underground vaults, tanks, pits and diked areas, vessels, and other similar areas.</i></p> <p><i>**Breaking the plane of the entrance is considered entry</i></p>		
Permit Required Confined Space Criteria (Meet any one of the following)	Yes	No
1. Does the space contain or have the potential to contain a hazardous atmosphere?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the space contain a material that has the potential for engulfing a worker?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Does the space have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross section?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the space contain any other recognized serious safety or health hazard?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Use the confined space identification flow chart to classify space**

Permit Required Space    Yes <input type="checkbox"/> No <input type="checkbox"/>	Alternate Entry Confined Space (C-5) Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-Permit Confined Space    Yes <input type="checkbox"/> No <input type="checkbox"/>	

Space: Dimensions: L 8' (X) W 5' (X) D 7' = 280 cu.ft

Other :

Type of Entry: Steps  Ladder  Rungs  Other: \_\_\_\_\_



**REASONS FOR ENTRY**

Repairs/Replacement of Equipment  Cleaning and Maintenance  Inspection

Take Readings Other: \_\_\_\_\_

**SCOPE OF WORK:** \_\_\_\_\_

**HAZARD ASSESSMENT**

<input type="checkbox"/>	Inadequate Ventilation	<input type="checkbox"/>	Flooding	<input type="checkbox"/>	Exposed Electrical Energized Equipment
<input checked="" type="checkbox"/>	Difficult Access	<input type="checkbox"/>	Excessive Noise	<input type="checkbox"/>	Other Electrical Hazards
<input type="checkbox"/>	Combustion equipment in use	<input type="checkbox"/>	Slippery work conditions	<input type="checkbox"/>	Mechanical Hazards (rotating belts, blades, gears, pinch point, moving machinery, etc.)
<input type="checkbox"/>	Compressed/Gases liquids	<input type="checkbox"/>	Poor Lighting	<input type="checkbox"/>	Welding/Cutting * requires Hot work Permit
<input type="checkbox"/>	Low head room	<input type="checkbox"/>	Standing Water	<input type="checkbox"/>	Chemicals Hazards* MSDS available
<input type="checkbox"/>	Engulfment hazard	<input type="checkbox"/>	Falling objects	<input type="checkbox"/>	Internal configuration
<input type="checkbox"/>	Fall potential	<input checked="" type="checkbox"/>	Traffic hazards	<input type="checkbox"/>	Temperatures Extremes (i.e. heat stress)
<input type="checkbox"/>	Incoming chemical line	<input type="checkbox"/>	Vibration		<input type="checkbox"/> none
	Other:				

**Lockout/Tagout Requirements**

Is lockout/tagout required in the space?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are there line isolation requirements in the space?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Hot Work**

Is there a possibility of welding, cutting, brazing, riveting, scraping or sanding being performed in the space?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are non-sparking tools required to remove residues?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Note: A hot work permit will be required if applicable to the type of work being performed**

**Personal Protective Equipment (place a ✓ mark by each required item)**

Hard Hat	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Other Items listed below:
Gloves	<input type="checkbox"/>	Fall Protection Harness	<input type="checkbox"/>	
Face Shield	<input type="checkbox"/>	Glasses	<input type="checkbox"/>	
Respirator	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	
Dust Mask	<input type="checkbox"/>	Tyvek Coveralls	<input type="checkbox"/>	

**Necessary Equipment (place a ✓ mark by each required item)**

Winch	<input type="checkbox"/>	Tri-Pod	<input type="checkbox"/>	Traffic control	<input checked="" type="checkbox"/>
Safety Line	<input type="checkbox"/>	Flash Light	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>
Blower	<input checked="" type="checkbox"/>	Lockout/Tagout devices	<input type="checkbox"/>	Communication - radios	<input type="checkbox"/>
Air monitor	<input checked="" type="checkbox"/>	Ladder	<input type="checkbox"/>		

Confined space comments: \_\_\_\_\_

Entry Supervisor:

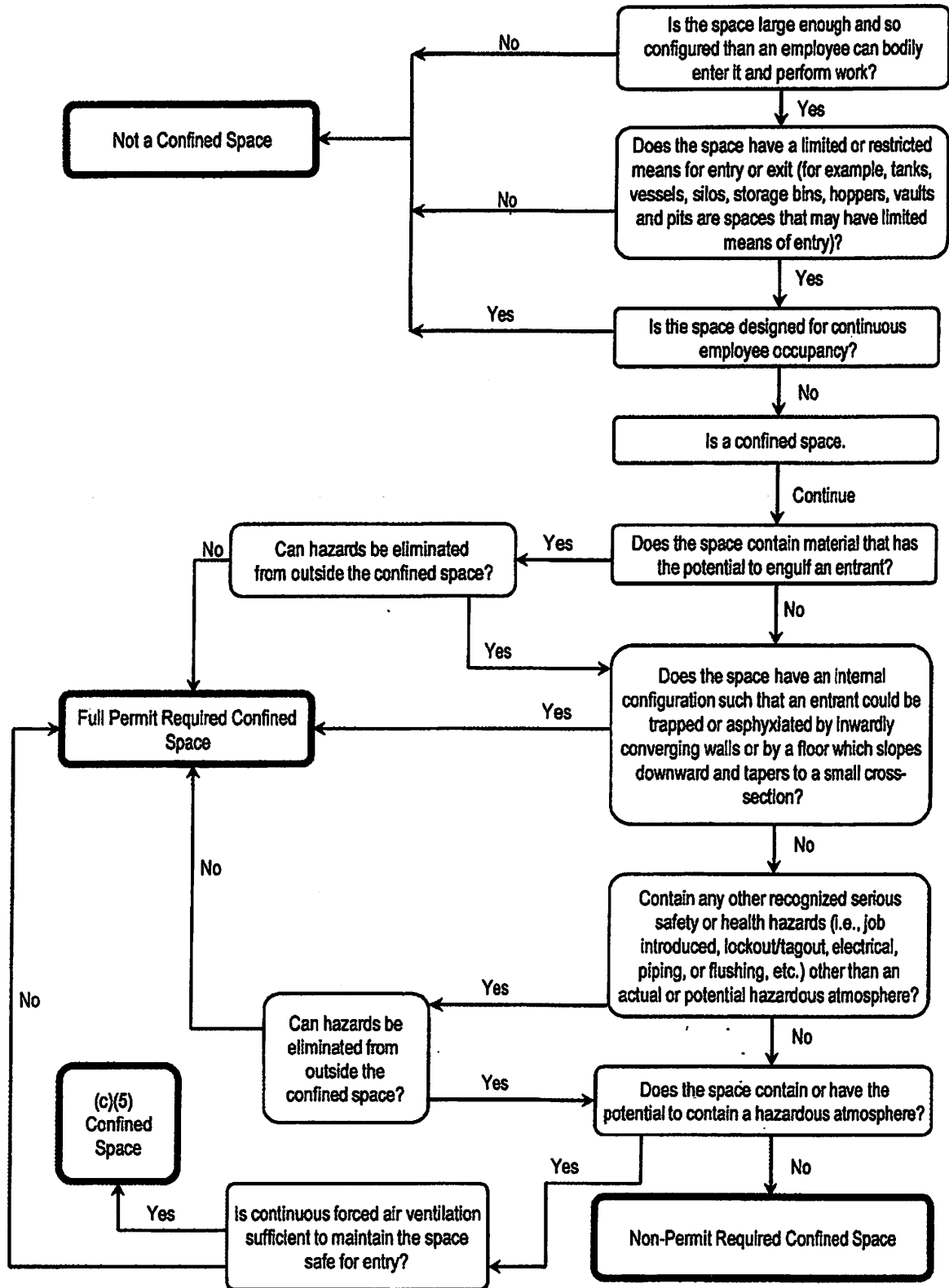
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Submit to Safety Office**

**Attach a copy of confined space permit when work is completed.**

# Confined Space Identification Flow Chart



# CONFINED SPACE ENTRY PERMIT

**NOTE:**

- (1) Each confined space should always be considered a Full Permit-Required Space until proven and documented otherwise!
- (2) Each permit is valid for the assigned task only. (Not to exceed one work shift)

PERMIT ISSUE DATE/TIME: \_\_\_\_\_ THOMAS BROS. PAGE: \_\_\_\_\_  
 SPACE ID/LOCATION & ADDRESS: \_\_\_\_\_  
 SPECIFIC WORK PROCEDURE: \_\_\_\_\_  
 AGENCY: \_\_\_\_\_  
 AUTHORIZED ENTRANT(S): \_\_\_\_\_  
 ATTENDANT(S): \_\_\_\_\_

**\*\*\*RESCUE PLAN REQUIRED FOR ALL ENTRY — REFER TO RESCUE SECTION\*\*\***

**EMERGENCY RESCUE PLAN: (Required for All Confined Space Entries)**

In event of emergency, contact: \_\_\_\_\_  
 VCFPD Dispatch notified at 858-756-3006 prior to full permit entry or Time of call: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Cal Fire Dispatch notified at 619-442-1615 prior to full permit entry Entry termination call time: \_\_\_\_\_  
 Briefly outline the rescue procedure to be used and the equipment needed: \_\_\_\_\_

### INITIAL ASSESSMENT

*(Without entering the space, conduct an atmospheric assessment and circle the confined space conditions below.)*

**ATMOSPHERIC ASSESSMENT (Required for every confined space):**

Method of Monitoring the Atmosphere: \_\_\_\_\_  
 Calibration Date: \_\_\_\_\_ Bump Test Date: \_\_\_\_\_

### ATMOSPHERIC TESTING RESULTS

SUBSTANCE	PERMISSIBLE EXPOSURE LIMIT	RESULTS AND TIMES (For each test show result and time)							
		PRE-ENTRY	TEST 1	TEST 2	TEST 3	TEST 4	TEST 5	TEST 6	TEST 7
TIME CONDUCTED BY									
OXYGEN	19.5 - 23.5%								
LEL	10%								
HYDROGEN SULFIDE	10 PPM								
CARBON MONOXIDE	25 PPM								
OTHER TOXIC									

**CONFINED SPACE CONDITIONS (circle as applicable):**

1. Contains or has the potential to contain a hazardous atmosphere (e.g., rust, organic material, nearby traffic, etc.).
2. Contains a material that has the potential for engulfing an entrant.
3. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor, which slopes downward and tapers to a smaller cross-section.
4. Contains any other recognized serious safety or health hazard, including job-introduced hazards.

If none of the conditions exist, proceed to <b>Declassification for Non-Permit Entry</b>
If only #1 condition exists, continue <b>Atmospheric Monitoring</b> , begin <b>Ventilation</b> , and proceed to (c)(5) – <b>Alternative Procedures for Entry</b>
If any of #2, #3, or #4 conditions apply, continue <b>Atmospheric Monitoring</b> . Complete <b>Full Permit-Required Entry checklist</b>

**DECLASSIFICATION FOR NON-PERMIT ENTRY**

Only qualified Entry Supervisors are authorized to execute a Declassification Certificate.

ANY ENTRIES TO OBTAIN DATA OR TO PERFORM ACTIONS NECESSARY FOR DECLASSIFICATION MUST BE BY PERMIT!

- This permit space poses no actual or potential atmospheric hazards, and all hazards within the space were eliminated without entry into the space.
- Rescue procedures have been established.
- This certificate has been made available to each employee entering the area.

Basis for Declassification: (Describe fully) \_\_\_\_\_

\_\_\_\_\_ Print Name (Entry Supervisor) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of the job, the area will revert to a permit-required confined space status.

**ATMOSPHERIC VENTILATION: (Must operate long enough for the atmospheric hazard to be eliminated.)**

Method of Ventilation: \_\_\_\_\_

Volume (Cubic Feet) of Space to Be Entered: \_\_\_\_\_

Volume Rating (Cubic Feet Per Minute) of Ventilation Equipment: \_\_\_\_\_

Length of time of Ventilation: \_\_\_\_\_

**(c)(5) - ALTERNATIVE PROCEDURES FOR ENTRY**

- 1. All non-atmospheric hazards in the space were eliminated without entering the space (e.g., engulfment, internal configuration, electrical)? YES  NO
- 2. Source isolation and lock-out/tag-out in place? YES  NO  N/A
- 3. Free of any serious job-introduced hazards? YES  NO
- 4. Is the only hazard posed by the space an actual or potential atmospheric hazard? YES  NO
- 5. Will continuous forced ventilation alone be sufficient for safe entry? YES  NO
- 6. Rescue Plan – equipment readily accessible? YES
- 7. Has forced air ventilation been continued? YES  NO
- 8. Has atmospheric monitoring been continued? YES  NO

IF ANY "NO" RESPONSES, ENTRY NOT ELIGIBLE USING THE "(c)(5) PROCEDURE". COMPLETE THE FULL PERMIT.

**(c)(5) CERTIFICATION BY ENTRY SUPERVISOR:** I am familiar with the special requirements and conditions under which a permit-required space may be entered under the alternative procedures outlined in 8 CCR 5157 (c)(5). The basis for this conclusion is inspection and testing (with a calibrated, direct reading instrument, as previously noted). I verify that all necessary pre-entry steps have been taken, that rescue procedures have been established, and that ventilation of the space and atmospheric monitoring will continue. I verify that the space is safe for entry.

\_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FULL PERMIT-REQUIRED ENTRY**

- 1. All non-atmospheric hazards in the space are controlled without entering the space? YES
- 2. Exposure to atmospheric hazard controlled? YES  N/A
- 3. Ventilation system in operation (positive pressure if possible)? YES  N/A
- 4. Continuous air monitoring of workspace while work is being performed? YES  N/A
- 5. Lock-out/Tag-out systems in place? YES  N/A
- 6. MSDS available (whenever atmospheric or other chemical hazards are introduced)? YES  N/A
- 7. Use of explosion proof equipment/non-sparking tools? YES  N/A
- 8. Hot Work Permit required? (If yes, attach permit) YES  N/A
- 9. Fire extinguishing media available? YES  N/A
- 10. Clear communication between entrant and attendant? YES
- 11. Appropriate PPE for employees? YES
- 12. Rescue equipment and procedures in place? YES
- 13. Emergency communications in place and checked? YES
- 14. Other anticipated hazards & controls: \_\_\_\_\_

**PERMIT CERTIFICATION BY ENTRY SUPERVISOR:**

\_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THIS DOCUMENT MUST BE POSTED AT ENTRY AND/OR IN POSSESSION OF ATTENDANT!**

**CONTRACTOR PRE/POST ENTRY BRIEFING**

Name of contractor: \_\_\_\_\_ Pre-briefing conducted on: (date) \_\_\_\_\_

Contractor notified of: Permit Requirements  Potential Hazards  Special tools/Equipment

Debriefing at completion of job: (date) \_\_\_\_\_

Problems encountered: \_\_\_\_\_

## Confined Space Quick Reference Sheet

<u>Location</u>	<u>Space Name</u>	<u>Length</u>	<u>Width</u>	<u>Depth</u>	<u>Air Volume Ft3</u>	<u>Gallons</u>
Woods Valley WRF	Woods Valley Ranch Lift Station	Circular	6	16.5	1,865	13,951
Woods Valley WRF	Influent Junction Structure			6	0	0
Woods Valley WRF	Influent Tank A	19	48	21.5	19,608	146,668
Woods Valley WRF	Old Screenings Room	19	10	11.5	2,185	16,344
Woods Valley WRF	Influent Tank B	22	12	23	6,072	45,419
Woods Valley WRF	10K Emergency Storage Tank	Circular	21	9	12,463	93,221
Woods Valley WRF	Aeromod Selector Tank	6	32	16	3,072	22,979
Woods Valley WRF	Aeromod Tank A1	18	27.5	16	7,920	59,242
Woods Valley WRF	Aeromod Tank A2	10	51.5	16	8,240	61,635
Woods Valley WRF	Aeromod Tank B1	18	27.5	16	7,920	59,242
Woods Valley WRF	Aeromod Tank B2	10	51.5	16	8,240	61,635
Woods Valley WRF	Aeromod Clarifier A	24	32	16	12,288	91,914
Woods Valley WRF	Aeromod Clarifier B	24	32	16	12,288	91,914
Woods Valley WRF	Aeromod Digester	19.5	43	16	13,416	100,352
Woods Valley WRF	Flocculation Tank	7.5	10.5	8	630	4,712
Woods Valley WRF	MBR Anoxic 1	4.5	19	14.5	1,240	9,273
Woods Valley WRF	MBR Anoxic 2	4.5	19	14.5	1,240	9,273
Woods Valley WRF	MBR AB1	11.5	19	14.5	3,168	23,699
Woods Valley WRF	MBR AB2	11.5	19	14.5	3,168	23,699
Woods Valley WRF	MBR ML Feed Channel	3	26	8	624	4,668
Woods Valley WRF	MBR Membrane Tank 1	11.25	4.5	12.25	620	4,639
Woods Valley WRF	MBR Membrane Tank 2	11.25	4.5	12.25	620	4,639
Woods Valley WRF	MBR Digester	32.25	9	12.25	3,556	26,596
Woods Valley WRF	Chlorine Mix Vault	10	4.5	5.25	236	1,767
Woods Valley WRF	Chlorine Contact Basin 1	45	12	10.5	5,670	42,412
Woods Valley WRF	Chlorine Contact Basin 2	45	12	10.5	5,670	42,412
Woods Valley WRF	Recycle Pump Tank	4	23.75	17.5	1,663	12,436
Woods Valley WRF	75K Emergency Storage Tank	14	40	21	11,760	87,965
Woods Valley WRF	200k Emergency Storage Tank	L-Shape, Manual input		20.75	32,411	242,434
Woods Valley WRF	Pond 3 meter vault	6	4	10	240	1,795
Woods Valley WRF	Pond 10 meter vault	6	4	10	240	1,795
Woods Valley WRF	Charlan Reservoir Pump Tank	Circular	10	27	8,478	63,415



## Confined Space Quick Reference Sheet

<u>Location</u>	<u>Space Name</u>	<u>Dimensions L*W*D</u>	<u>Air Volume Ft3</u>	<u>Gallons</u>
Woods Valley WRF	Woods Valley Ranch Lift Station	Dia - 6'*21'	467	3,493
Woods Valley WRF	Influent Tank A	19' x 48' x 21.5'	16,103	120,450
Woods Valley WRF	Old Screenings Room	25.5' x 13.5' x 9'	3,098	23,175
Woods Valley WRF	Influent Tank B	22' x 12' x 21.5'	5,521	41,300
Woods Valley WRF	10K Emergency Storage Tank	21' * Dia - 9'	1,337	10,000
Woods Valley WRF	Aeromod Selector Tank	6' x 32' x 16'	2,240	16,755
Woods Valley WRF	Aeromod Tank A1	18' x 27.5' x 16'	13,671	102,260
Woods Valley WRF	Aeromod Tank A2	10' x 51.5' x 16'	14,350	107,338
Woods Valley WRF	Aeromod Tank B1	18' x 27.5' x 16'	13,671	102,260
Woods Valley WRF	Aeromod Tank B2	10' x 51.5' x 16'	14,350	107,338
Woods Valley WRF	Aeromod Clarifier A	24' x 32' x 16'	12,288	91,914
Woods Valley WRF	Aeromod Clarifier B	24' x 32' x 16'	12,288	91,914
Woods Valley WRF	Aeromod Digester	19.5' x 43' x 16'	11,230	84,000
Woods Valley WRF	Flocculation Tank	7.5' x 10.5' x 5'	394	2,917
Woods Valley WRF	MBR Anoxic 1	4.5*19*14.5	1979	14800
Woods Valley WRF	MBR Anoxic 2	4.5*19*14.5	1979	14800
Woods Valley WRF	MBR AB1	11.5*19*14.5	5682	42500
Woods Valley WRF	MBR AB2	11.5*19*14.5	5682	42500
Woods Valley WRF	MBR Membrane Tank 1	11.25*4.5*12.25	353	2640
Woods Valley WRF	MBR Membrane Tank 2	11.25*4.5*12.25	353	2640
Woods Valley WRF	MBR Digester	32.75*9*12.25	5527	41342
Woods Valley WRF	Chlorine Mix Vault	10*4.5*5.25	237	1773
Woods Valley WRF	Chlorine Contact Basin 1	45*12*10.5	3662	27394
Woods Valley WRF	Chlorine Contact Basin 2	45*12*10.5	3662	27394
Woods Valley WRF	Recycle Pump Tank	4*23.75*17.5	1657	12395
Woods Valley WRF	75K Emergency Storage Tank	14*40*19.5	10027	75000
Woods Valley WRF	200k Emergency Storage Tank	38.5*16*5*19	26738	200000
Woods Valley WRF	Pond 3 meter vault	6*4*10	240	1795
Woods Valley WRF	Pond 10 meter vault	6*4*10	240	1795
Woods Valley WRF	Charlan Reservoir Pump Tank	Dia-10*27	2277	17032

## CONFINED SPACE PRE-PLANNING SITE ASSESSMENT

Date: \_\_\_\_\_ Entry Supervisor: \_\_\_\_\_

Space Name: \_\_\_\_\_

Address/GPS Coordinates:

Type of Space:  Vault  Manhole  Reservoir  Water truck tank  Bridge

Sewer Vault  Sewer Manhole  Sewer wet well

Other \_\_\_\_\_

<b>Confined Space Criteria *</b> (Must meet all 3 criteria)	Yes	No
1. Is the space large enough so an employee can bodily enter?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the space have limited or restricted means for entry and exit?	<input type="checkbox"/>	<input type="checkbox"/>
3. The space is not designed for continuous occupancy	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>*These spaces may include underground vaults, tanks, pits and diked areas, vessels, and other similar areas.</i></p> <p><i>**Breaking the plane of the entrance is considered entry</i></p>		
<b>Permit Required Confined Space Criteria</b> (Meet any one of the following)	Yes	No
1. Does the space contain or have the potential to contain a hazardous atmosphere?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the space contain a material that has the potential for engulfing a worker?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the space have an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross section?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the space contain any other recognized serious safety or health hazard?	<input type="checkbox"/>	<input type="checkbox"/>

### Use the confined space identification flow chart to classify space

<b>Permit Required Space</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Alternate Entry Confined Space (C-5)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Non-Permit Confined Space</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Space:** Dimensions: L      (X) W      (X) D      =      cu.ft

Other :

Type of Entry: Steps  Ladder  Rungs  Other: \_\_\_\_\_

**REASONS FOR ENTRY**

Repairs/Replacement of Equipment  Cleaning and Maintenance  Inspection

Take Readings Other: \_\_\_\_\_

**SCOPE OF WORK:** \_\_\_\_\_

**HAZARD ASSESSMENT**

<input type="checkbox"/>	Inadequate Ventilation	<input type="checkbox"/>	Flooding	<input type="checkbox"/>	Exposed Electrical Energized Equipment
<input type="checkbox"/>	Difficult Access	<input type="checkbox"/>	Excessive Noise	<input type="checkbox"/>	Other Electrical Hazards
<input type="checkbox"/>	Combustion equipment in use	<input type="checkbox"/>	Slippery work conditions	<input type="checkbox"/>	Mechanical Hazards (rotating belts, blades, gears, pinch point, moving machinery, etc.)
<input type="checkbox"/>	Compressed/Gases liquids	<input type="checkbox"/>	Poor Lighting	<input type="checkbox"/>	Welding/Cutting * requires Hot work Permit
<input type="checkbox"/>	Low head room	<input type="checkbox"/>	Standing Water	<input type="checkbox"/>	Chemicals Hazards* MSDS available
<input type="checkbox"/>	Engulfment hazard	<input type="checkbox"/>	Falling objects	<input type="checkbox"/>	Internal configuration
<input type="checkbox"/>	Fall potential	<input type="checkbox"/>	Traffic hazards	<input type="checkbox"/>	Temperatures Extremes (i.e. heat stress)
<input type="checkbox"/>	Incoming chemical line	<input type="checkbox"/>	Vibration		<input type="checkbox"/> none
	Other:				

**Lockout/Tagout Requirements**

Is lockout/tagout required in the space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there line isolation requirements in the space?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Hot Work**

Is there a possibility of welding, cutting, brazing, riveting, scraping or sanding being performed in the space?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are non-sparking tools required to remove residues?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Note: A hot work permit will be required if applicable to the type of work being performed**

**Personal Protective Equipment (place a ✓ mark by each required item)**

Hard Hat	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	Other Items listed below:
Gloves	<input type="checkbox"/>	Fall Protection Harness	<input type="checkbox"/>	
Face Shield	<input type="checkbox"/>	Glasses	<input type="checkbox"/>	
Respirator	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	
Dust Mask	<input type="checkbox"/>	Tyvek Coveralls	<input type="checkbox"/>	

**Necessary Equipment (place a ✓ mark by each required item)**

Winch	<input type="checkbox"/>	Tri-Pod	<input type="checkbox"/>	Traffic control	<input type="checkbox"/>
Safety Line	<input type="checkbox"/>	Flash Light	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>
Blower	<input type="checkbox"/>	Lockout/Tagout devices	<input type="checkbox"/>	Communication - radios	<input type="checkbox"/>
Air monitor	<input type="checkbox"/>	Ladder	<input type="checkbox"/>		

Confined space comments: \_\_\_\_\_

Entry Supervisor:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Submit to Safety Office**

**Attach a copy of confined space permit when work is completed.**