

BORON OPERATIONS

CONFINED SPACE ASSESSMENT FORM

Date: _____ Department: _____ Area: _____

Equipment Name: _____ Equip. #: _____

Location of Space: _____

Type of Assessment: *Initial** *Temporary** *Re-assessment**

*Contact the Safety Department for assistance

Type of Space:	<input type="checkbox"/> Tank <input type="checkbox"/> Vault	<input type="checkbox"/> Vessel <input type="checkbox"/> Boiler	<input type="checkbox"/> Sewer <input type="checkbox"/> Pit	<input type="checkbox"/> Equip Frame <input type="checkbox"/> Crawl Space	<input type="checkbox"/> Excavation <input type="checkbox"/> Bunker	<input type="checkbox"/> Other**
Type of Opening	<input type="checkbox"/> Doorway	<input type="checkbox"/> Hatch Cover	<input type="checkbox"/> Manhole	<input type="checkbox"/> Porthole	<input type="checkbox"/> Open Top	<input type="checkbox"/> Other**

Section 1. Confined Space Determination:

1	Is large enough and so configured that an employee can bodily enter and, perform assigned work.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Has limited or restricted entry or exit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Is not intended or designed primarily as a place of work, or for continuous employee occupancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

To meet the definition of a Confined Space under 29CFR1910.146, Title 8 Section 5157 CCR, and Boron Operations Safety Standard C5, you must answer "YES" to all three questions above.

4	Is this a Confined Space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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- If you answered "No" to Question 4 – THIS IS NOT A CONFINED SPACE. Send this form to the Safety Dept.
- If you answered "Yes" to Question 4 – Continue to Section 2.

Section 2. Confined Space Hazards:

5	Does the space contain or have the potential to contain hazardous contaminants or otherwise have a hazardous or oxygen deficient atmosphere (See below)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>If you answer "Yes" to any of the questions below, you must answer, "Yes" to Question 5.</i></p> <ul style="list-style-type: none"> ▪ Did/could this space contain flammable/combustible liquids or gases? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Did/could this space contain toxic liquids or gases? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Does this space contain large areas of rusting steel? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Did/could this space contain oxygen or other oxidizers? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Does this space contain other known contaminants/atmospheric hazards? Yes <input type="checkbox"/> No <input type="checkbox"/> 		<p>If you answered "Yes" to any of these questions, list the specific hazards or contaminants in the comments section below.</p>	
6	Does the space contain material that could fall onto or engulf/entrap an entrant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Is the space configured such that an entrant could be trapped by inwardly converging walls, or by floors that taper downward to a smaller cross section?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Does the space include fall hazards and/or complex internal configurations that could create a hazard to the entrant and hamper escape or rescue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Does the space contain mechanical operating components such as agitators, grinders, screw conveyors, etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Does that space contain potential energy sources that cannot be fully controlled through isolation procedures (e.g. electrical, hydraulic, pneumatic or mechanical)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of Person(s) Conducting Assessment			
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****Comments:**

Safety Review By:		Date:	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
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