WARNER BROS. STUDIO OPERATIONS SAFETY & ENVIRONMENTAL AFFAIRS	
SAFETY REFERENCE MANUAL	California Code of Regulations, Title 8, Section 5157
Section 1.1: CONFINED SPACE, ASSESMENT FORM	Last Revised: August, 2025

ASSESSMENT TYPE: Initial Assessment _____ Re-assessment of existing space _____

SPACE LOCATION / PHYSICAL CHARACTERISTICS

1. Confined spaces are identified by location: _____ and _____
   Location **Number**

2. Identify Type of Space: _____(boiler, bunker, degreaser, equipment housing, furnace, hopper, manhole, pipeline, pit, stack, tank, test chamber, trench, tunnel, vat ,vault ,vessel , etc.)

HAZARD IDENTIFICATION and EVALUATION

Describe Past and Current Uses: _____

Section I:

Yes	No	
		Space is large enough and so configured that an employee can bodily enter and perform assigned work:
		Space has limited or restricted means of entry or exit.
		Space is not designed for continuous employee occupancy.

NOTE: If answer to questions above in section I, is "**yes**" the space is a confined space, complete the remainder of section II; otherwise go to conclusions/summary.

Section II:

Yes	No	
		Space contains or has potential to contain "Hazardous Atmosphere" (<19.5 ->23.5 oxygen; >10% LEL; Toxics > PEL/TLV; combustible dust > or = to LFL; IDLH)
		Space has internal configuration such that an entrant could be trapped or asphyxiated by converging walls/ downward sloping; constriction/taper to a smaller cross-section; difficult exit/ inadequate access.
		Space contains material that can engulf entrant (sand; water; soil; gravel/rock; sewage; etc.)
		Welding/burning will take place in confined space, a hot work permit may be required.
		Space contains any other recognized safety or health hazards (biological; physical; etc.)

Identify any other recognized serious safety and health hazard(s): _____

CONCLUSION / SUMMARY

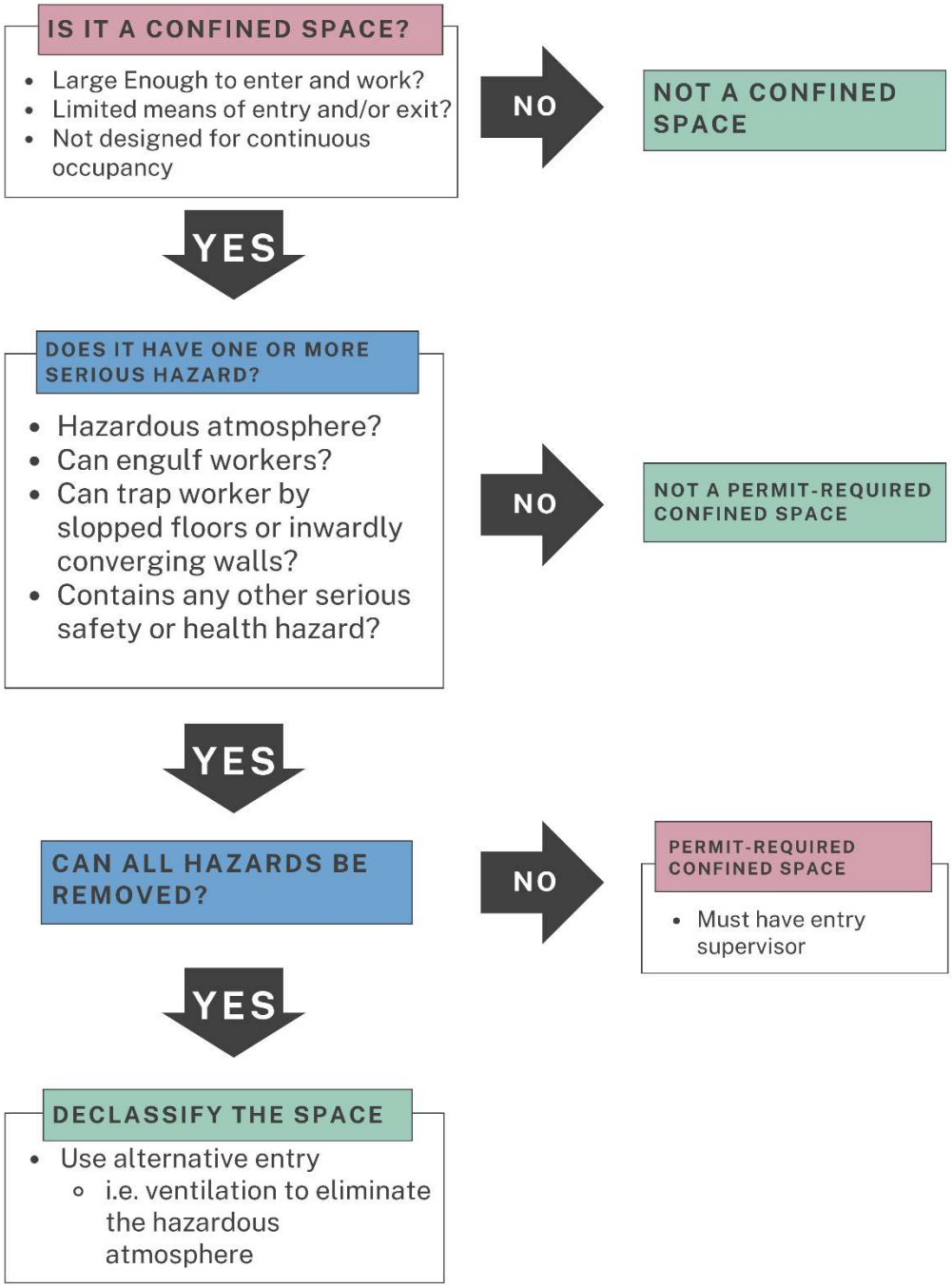
Confined Space Classification: _____ **Select:** (**PRCS** =Permit-Required CS / **NPCS**= Non-Permit CS / **NC**= Not a CS)

ADDITIONAL NOTES/OBSERVATIONS

Inspected by: _____ Job Title: _____

Signature: _____ Date: _____

The completed Assessment Form must be turned into the Safety Department, building 137.



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