PERMIT-REQUIRED CONFINED SPACE RECLASSIFICATION FORM

Use this form to temporarily reclassify a permit-required confined space to a non-permit confined space, which is only valid for the duration of work being performed and for no more than 8 hours. The space cannot contain any actual or potential atmospheric hazards, and all hazards within the space must be eliminated without entry into the space. An attendant is required outside the space, and must maintain communication with the entrant(s) and have a means to summon rescue services (e.g., 911). Review the confined space assessment to evaluate the space, and review the work to be performed within the space.

General

Space to be Entered:		Date **&** Time Issued:	
Location of Space:		Date **&** Time of Expiration:	
Purpose of Entry:		Department **or** Contractor:	
ENTRANT(S):			
ATTENDANT(S):			

Requirements

Hazards	Yes	No	If **Yes**, describe how the hazard was eliminated without entry into the space.
Does the space contain or have the potential to contain a hazardous atmosphere?			If Yes, reclassification is not permitted. *Note:* Control of atmospheric hazards through forced-air ventilation does not constitute elimination of the hazards.
Does the space contain biological or chemical hazards?			
Does the space contain electrical hazards?			
Does the space contain engulfment hazards?			
Does the space contain mechanical hazards?			
Does the space contain entrapment hazards?			
Does the space contain extreme temperatures?			
Does the space contain any other *serious* hazards? (e.g., steam)			
Will the work being done inside or near the space introduce new hazards into the space? (e.g., welding, chemicals, painting fumes)			

Atmospheric Testing

Atmospheric Gases *(test in this order)*	**Permissible Limits** *(must be within limits)*	Pre-Entry Time	Time During Entry - Record Readings Every 2 Hours (8-hour maximum)					
		AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Oxygen (O_2)	19.5% to 23.5%	%	%	%	%	%	%	%
Lower Explosive Limit (LEL)	Under 10%	%	%	%	%	%	%	%
Carbon Monoxide (CO)	Under 35 ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm
Hydrogen Sulfide (H_2S)	Under 10 ppm	ppm	ppm	ppm	ppm	ppm	ppm	ppm
Other: (specify)	(specify)							
	Tester's Initials:							

Monitoring Equipment Make and Model	Serial Number	Calibration Date	Bump test passed prior to use? (required)	**Yes**

Certification and Authorization

By signing below, I certify that the space does not contain or have the potential to contain a hazardous atmosphere, all hazards within the space have been eliminated without entry, and no hazards will be introduced into or created within the space during the entry. I certify that all actions and conditions necessary for safe entry have been performed to temporarily reclassify the permit-required confined space to a non-permit confined space.

Entry Supervisor:	(print):	(sign):	(title):

Cancellation

If hazards arise within a permit-required confined space that has been declassified to a non-permit confined space, the space must be evacuated immediately. The space must be reevaluated to determine whether it must be reclassified as a permit-required confined space. Entry will be terminated and this form will be cancelled when the entry operations covered by this form have been completed, or when a condition that is not allowed under this form arises in or near the space.

Form must cancelled by the Entry Supervisor and kept on file by departments for 3 years.

Form Cancelled by:		Date **&** Time:	
Reason:	☐ Work Complete ☐ Conditions Violate Form ☐ New Hazards ☐ Other (Specify)		