

# Permit Required Confined Space Reclassification Documentation Form

Location: \_\_\_\_\_

Inventory Number: \_\_\_\_\_

Date: \_\_\_\_\_

1. Is the space eligible for reclassification? (See written program or assessment)  YES  NO
2. Are all assigned personnel trained in permit required confined space entry?  YES  NO
3. Have all personnel been instructed to immediately evacuate the space if a new hazard is discovered or the controls fail?  YES  NO
4. Do you have a working and calibrated confined space meter?  YES  NO
5. Are atmospheric conditions acceptable for entry?  YES  NO

ATMOSPHERIC TESTING  <u>LEGAL LIMITS</u> O2-19.5%-23.5% (20.9% IS IDEAL) H2S- 10PPM CO-35PPM LEL- 10%	MONITOR:
	SERIAL #
	CALIBRATED <input type="checkbox"/> BATTERY CHARGED <input type="checkbox"/>
	READING OUTSIDE SPACE
	TIME:
	O2: H2S: CO: LEL:
	READINGS AT 5/10/15 FEET
	TIME:
(5FT) O2: H2S: CO: LEL:	
(10FT) O2: H2S: CO: LEL:	
(15FT) O2: H2S: CO: LEL:	

**Note: if forced air ventilation is needed to reach safe entry levels reclassification is NOT permitted. Stop and proceed only under full permit conditions.**

6. Verify all other hazards not present or eliminated (without entering the space)?  YES  NO  
 Note: If entry is required to eliminate hazards, reclassification is not permitted. Stop and proceed only under full permit conditions.

If any of the following conditions exist inside the space describe how those hazards are eliminated.

HAZARD	NO	YES	ELIMINATION METHODS
Entrapment			
Engulfment			
Electrical			
Mechanical			

If you answered no to any question one through six, reclassification is not permitted.  
**Stop and proceed only under full permit conditions.**

By signing this document I attest that all information is complete and accurate.

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date