

Confined Space Reclassification Form

Location of Confined Space (be specific): _____

Complete the following prior to entry into each confined space considered for reclassification to a non-permit confined space. If any of the questions below are answered YES, describe how the hazard has been eliminated.

NOTE: The Hazard must be eliminated without entry to be considered a non-permit confined space.

1.) Description of work activity: _____

2.) Atmospheric conditions:

- | | | |
|---|-----|----|
| <input checked="" type="checkbox"/> Is there a potential for an oxygen deficient or oxygen enriched atmosphere caused by oxidation, bacterial action, combustion, use of inert gases, leaking tanks, pipes, or hoses, etc.)? | YES | NO |
| <input checked="" type="checkbox"/> Is there a potential for toxic contaminants to be present (hydrogen sulfide, methane, carbon monoxide, etc.)? | YES | NO |
| <input checked="" type="checkbox"/> Is there a potential for an explosive or flammable atmosphere (residues, bacterial action, leaking pipes, hoses or tanks, reactions with acids or metals, painting and cleaning, residual dusts)? | YES | NO |
| <input checked="" type="checkbox"/> Will work performed in or around the space create a hazardous atmosphere? | YES | NO |
| <input checked="" type="checkbox"/> Will/Was a hazardous material brought into the confined space? | YES | NO |
| <input checked="" type="checkbox"/> Will residue from the hazardous material remain? | YES | NO |
| <input checked="" type="checkbox"/> Will additional measures, other than mechanical ventilation, be needed to control the hazardous atmosphere? | YES | NO |

3.) Is the internal configuration such that the entrant could be trapped or asphyxiated by inwardly converging walls or a floor that slopes downward and tapers to a smaller cross section? YES NO

4.) Are there any other serious safety hazards related to the work activity that cannot be eliminated without entry into the space? If yes, the space must be considered a permit-required confined space until the hazard has been eliminated and the space reevaluated.

- | | | | | | |
|-------------------------|-----|----|--|-----|----|
| * electrical | YES | NO | * deteriorating or unsecured objects | YES | NO |
| * mechanical | YES | NO | * biological hazards | YES | NO |
| * fluids under pressure | YES | NO | * work conditions affected by other work areas | YES | NO |
| * gases under pressure | YES | NO | * ionizing radiation exposure or contamination | YES | NO |
| * heated surfaces | YES | NO | * other | YES | NO |
| * potential for falls | YES | NO | | | |

5.) Atmospheric testing

- ◆ Record all atmospheric testing data on reverse side.

I certify that all known or potential hazards have been appropriately eliminated prior to entry into the above confined space, thereby allowing for the reclassification of the space as a Non-Permit Confined Space:

Reclassification Authorized By: _____ Date: _____
(print) (sign) (ID#)

Reclassification status may be maintained for the duration of the ENTRY as long as the hazards remain eliminated.

