Appendix 12-B
Permit-Required Confined Space Reclassification Form

To reclassify a permit required confined space to a non-permit required space and allow entry without the application of confined space work requirements, this form must be completed to verify that no actual or potential atmospheric hazards exist and all hazards and potential hazards within the space have been identified and completely eliminated.

The reclassification is valid only for the duration of the job. The space must be evacuated and reevaluated if any hazards develop during the entry. Once returned to normal service, the confined space reclassification is no longer valid and the confined space is considered to be permit required.

All hazards must be eliminated to authorize reclassification. The implementation of hazard control measures such as respiratory protection or forced air ventilation requires the immediate reclassification from non-permit required to permit required, including all the safeguards inherent in that system.

Confined Space Location: _____ Purpose of Entry:_____

CHECK WHICH OF THE FOLLOWING TWO (2) CONDITIONS APPLY TO THE RECLASSIFICATION:

☐ Verification that the permit required confined space poses no potential or actual atmospheric hazards and that all hazards within the space have been eliminated without entry into the confined space.

☐ It was necessary to enter the permit required confined space to eliminate all hazards or verify that all hazards have been eliminated utilizing an approved confined space work permit and following all permit requirements.

PREPARATION MEASURES TAKEN AND VERIFIED TO ELIMINATE HAZARDS

	YES	N/A
1. contents of the confined space have been removed to eliminate the hazard	☐	☐
2. all chemical, utility and outlet lines are isolated in a manner that eliminates hazards	☐	☐
3. lockout/tagout is implemented so as to eliminate hazards	☐	☐
4. all walking surface slip and trip hazards are eliminated	☐	☐
5. atmospheric testing of oxygen level, LEL and toxic concentrations have been conducted and it is verified that no actual or potential hazards exist (**reference documented readings below**)	☐	☐
6. all man way and access opening obstruction hazards have been eliminated	☐	☐
7. all sharp edges have been removed or guarded to eliminate hazards	☐	☐
8. physical barriers or barricades with tags are installed to eliminate potential hazards from objects to weather entering the space	☐	☐

LIST OTHER MEASURES TAKEN AND VERIFIED TO IDENTIFY AND ELIMINATE HAZARDS

_____

_____

_____

DESCRIBE THE STRATEGEY NECESSARY TO IDENTIFY HAZARDS THAT DEVELOP DURING ENTRY

_____

_____

_____

ATMOSPHERIC MONITORING RESULTS

AGENT	LIMIT	TEST RESULTS	TEST TIME	TESTER'S INITIALS
OXYGEN	19.5% - 23.5%			
FLAMMABLES	>0% L.F.L.			
HYDROGEN SULFIDE (H2S)	C 0 PPM			
CARBON MONOXIDE (CO)	0 PPM			
OTHER				

I verify that all hazards have been eliminated and reclassify the above space as a non-permit required confined space.

Safety Manager (signature):_____ Date: _____
(or designee)

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