Appendix B
Permit Required Confined Space Reclassification Form

All confined spaces at University of Notre Dame are considered permit required confined spaces. A permit required confined space may be reclassified as a non-permit if the space does not contain actual or potential atmospheric hazards and all hazards are eliminated without entry into the space. The reclassification of the confined space is only valid while the space is free of hazards. If hazards arise, the space shall be evacuated immediately and reevaluated. The reclassification form is valid only for the duration of the job but no longer than the shift of the workers. This form shall be sent to Risk Management and Safety within one (1) month of issuance unless other recordkeeping arrangements have been made with RMS.

Name of the Competent Person:	
Department:	
Who is Entering the Space?	

Confined Space Location:	
Type of Space: Ex. Air Handler	
Materials Previously in Space?	

Purpose of Entry:

Date and Time of Entering and Exiting Space:	Date: Start Time: End Time:

Pre-Entry Hazard Elimination Measures Taken (Yes or NA):
Complete the following prior to entry into the confined space considered for reclassification to a non-permit required confined space. **If answering YES, describe the action taken.**

1. Has atmospheric testing of oxygen level, LEL, and toxic contaminants been conducted and verified that no actual or potential hazards exist?
   (Supply air handlers are exempted.)
   Yes
   Document results on Page 2 of this Form.
2. Have the contents in space been drained and the space decontaminated?
   Yes NA
3. Are all chemical and utility lines isolated in a manner that eliminates hazards (Double Block Bleeding, Blanking, Blinding, or Dismantling)?
   Yes NA
4. Has Lock, Tag and Try been implemented to eliminate hazards (Electrical, Pneumatic, Mechanical, Hydraulic, Thermal, Fuel, Stored Energy, Radiation)?
   Yes NA

5. Are portable electrical equipment GFCI protected?

Yes **NA**

6. Have fall and trip hazards been eliminated? (ex. water on the floor)

Yes **NA**

7. Are the exits into and out of the space open and clear?

Yes

8. Are any sharp edges protected or guarded?

Yes **NA**

9. Have control measures been developed to mitigate any hazardous substances that may be introduced into the space from the work being conducted? (e.g. using cleaning chemicals, loud noise from equipment, etc.) Identify hazards and control method.

Yes **NA**

10. Has adequate lighting been provided?

Yes **NA**

11. Have all employees been informed and debriefed about reclassifying the confined space?

Yes

List any additional hazard elimination measures taken

Identify the steps necessary to identify hazards created during entry, if any.

Atmospheric Monitoring Results – Complete Shaded Cells

Condition	Limit	Test Results	Test Time	Tester's Initials
Oxygen	19.5% - 22%	**%**		
Flammables	0% LEL	**%**		
Carbon Monoxide (CO)	≤ 13 ppm	**PPM**		
Hydrogen Sulfide (H_2S)	≤ 0.5 ppm	**PPM**		
VOC (If Needed)	≤ 100 ppm	**PPM**		
Other (List Below – If Needed)	Enter Limit Below:			

I (Name)_____certify that all hazards have been eliminated and I authorize the reclassification of this space as a non-permit required confined space until (enter expiration time) _____.

Competent Person Signature:_____ Date/Time: _____