

Confined Space Re-Classified as Non-Permit Confined Space

This Confined Space (location _____) has been surveyed for all actual and potential hazards. The hazards found and/or anticipated are listed below on the left column. Each hazard has been eliminated by the method noted in the right column:

Hazard	Method of Elimination
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Further, the atmosphere has been tested recently and found non-hazardous and will continue to be tested continuously or at least every fifteen (15) minutes until entry is no longer required.

Initial space test results prior to forced ventilation:

O ₂	LEL	CO	H ₂ S	Tester sign and date	
_____ 19.5-23.5%	_____ >10% LEL	_____ < 35 PPM	_____ <10 PPM	_____ Sign	_____ Date

Any excursion beyond these limits requires the immediate evacuation of this space and re-establishment of permit required procedures.

I certify that:

- 1) All actual and potential hazards have been eliminated (listed above).
- 2) Atmospheric tests are acceptable for confined space entry.
- 3) Forced air ventilation running while the space is occupied.^(a)
^(a) Exception: air testing remains acceptable in lieu of ventilation.
- 4) Atmospheric testing continues while the space is occupied.

Supervisor or Lead Signature

Date