

**EASTERN MICHIGAN UNIVERSITY
CHANGE OF CLASSIFICATION FROM PERMIT-REQUIRED TO
NON-PERMIT CONFINED SPACE**

Date: _____ Building/Location: _____

Location(s) of space(s) within building: _____

Description of confined space: _____

Reason for Entry: _____

Air Monitoring Results (BEFORE ENTRY):

_____ Oxygen Content (inside space) _____ Combustible Gas (% LEL/LFL)

Toxic Gas/Vapor Concentration: _____ H₂S _____ CO _____ Other (specify) _____

If **ANY** test parameters are in excess of EMU's designated action levels **ENTRY IS PROHIBITED** until the hazards (i.e., <19.5 % O₂, >23.5 % O₂, >10% LEL, or toxics > ½ the respective PEL) have been eliminated.

Air monitoring frequency: _____ Continuous _____ Hourly _____ Periodically

Is the space isolated (blanked, locked-out/tagged-out, de-energized, disconnected, etc.)?

_____ Yes _____ No (if no, entry is prohibited)

Is the space ventilated? _____ Yes _____ No

If Yes, by what means? (specify method) _____

Safety Precautions: _____ Space Emptied _____ Fall Hazards Eliminated

_____ Thermal, _____ Gravitational, _____ Kinetic Hazards Eliminated

Personal Protective Equipment Required: _____

***Note: If hazards arise in a space that has been declassified to a non-permit space, employee(s) Must exit the space until the space has been re-evaluated. All of the above requirements must be redone prior to entry of personnel back into the space.**

Authorized Entrant Signature(s): _____

Entry Supervisor Signature: _____

Upon completion of the reclassified entry, this form must be submitted to Environmental Health and Safety.