CHANGE OF CLASSIFICATION FROM PERMIT REQUIRED TO NON-PERMIT REQUIRED CONFINED SPACE

Date:_____ Building/Facility:_____

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: ___ H_2S ___ CO ___ Other (specify)_____

If **ANY** test parameters are in excess of EMU's designated action levels (i.e., $<19.5\%$ O_2, $>23.5\%$ O_2, $>10\%$ LEL, or toxics $>1/2$ the respective PEL) ENTRY IS PROHIBITED until the hazards have been eliminated.

Air Monitoring Frequency: ☐ Continuous ☐ Hourly ☐ Periodically

Is 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 equipment) _____

Safety Precautions: No Space Emptied No Fall Hazards Eliminated

No 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:_____

*This form must be submitted to the Department of Public Safety to be retained as historical data.