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Environmental Health, Safety, and Sustainability
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**APPENDIX E -
 TEMPORARY PERMIT
 REQUIRED CONFINED SPACE
 RECLASSIFICATION FORM**

(Effective 12-2020)

Instructions: A permit-required confined space can be temporarily reclassified if **all** atmospheric, engulfment/entrapment, hazardous energy, or any other hazard that could cause serious injury is eliminated prior to entry. Complete the Hazard Evaluation section of this form to help identify hazards and determine if they can be eliminated. **This Reclassification Form is only good for 1-day.**

Name of Entry Attendant/Competent Person		Proposed Start Date and Time of Entry:	Proposed End Date and Time of Entry:
Name of Entrant #1		Today's Date:	
Name of Entrant #2 (if applicable)		Start Time:	End Time:
Department of Worker(s) Performing Entry: (Facilities, Grounds, Custodial.... etc.)			
Location of Confined Space: (Bldg. #, Room #)			
Type of Space: (pit, vault, trench...etc.)			
Purpose for entering space:			
Pre-Entry Hazard Elimination Measures Taken? <input type="checkbox"/> Yes or <input type="checkbox"/> N/A 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 below.			
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.) <input type="checkbox"/> Yes. (if yes document the readings in the "Atmospheric Monitoring Results" section of this form)		
2.	Has the space been drained and the space decontaminated? (If yes, explain methods used.)		<input type="checkbox"/> Yes <input type="checkbox"/> n/a
3.	Are all chemical and utility lines isolated in a manner that eliminates hazards (Double Block Bleeding, Blanking, Blinding, or Dismantling)?		<input type="checkbox"/> Yes <input type="checkbox"/> n/a
4.	Has Lock Out/Tag Out been implemented to eliminate hazards (Electrical, Pneumatic, Mechanical, Hydraulic, Thermal, Fuel, Stored Energy, Radiation)?		<input type="checkbox"/> Yes <input type="checkbox"/> n/a
5.	Are portable electrical equipment GFCI protected?		<input type="checkbox"/> Yes <input type="checkbox"/> n/a

6.	Have fall and trip hazards been eliminated? (ex. water on the floor)	<input type="checkbox"/> Yes	<input type="checkbox"/> n/a
7.	Are the exits into and out of the space open and clear?	<input type="checkbox"/> Yes	<input type="checkbox"/> n/a
8.	Are any sharp edges protected or guarded?	<input type="checkbox"/> Yes	<input type="checkbox"/> n/a
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.	<input type="checkbox"/> Yes	<input type="checkbox"/> n/a
10.	Has adequate lighting been provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> n/a
11.	Have all employees been informed and debriefed about reclassifying the confined space?	<input type="checkbox"/> Yes	<input type="checkbox"/> n/a
List any additional hazard elimination measures taken.			
Identify the steps necessary to identify hazards created during entry, if any.			

Atmospheric Monitoring Results

Attendant will monitor air:		<input type="checkbox"/> Initially	<input type="checkbox"/> Every _____ minutes.	<input type="checkbox"/> Continuously			
Device Manufacturer	Model No./Serial No.	Calibration Due Date	Pre-calibrated by:	Notes			
Time:	Sampled By (initial):	<input type="checkbox"/> O ₂ (19.5% - 23.5%)	<input type="checkbox"/> (LEL/LFL <10%)	<input type="checkbox"/> CO (< 25 ppm)	<input type="checkbox"/> H ₂ S (< 10 ppm)	<input type="checkbox"/> Stratification	<input type="checkbox"/> Other

Confirmation (Must be signed by the Confined Space Supervisor **before** work begins)

I certify that all hazards have been eliminated and I authorize the reclassification of this space as a Non-Permit Required Confined Space 8-hours from the time of the issue of this form.	Expiration Date of This Form	Expiration Time of This Form (8-hrs from the time of issue)
Name:		
Signature:	Date:	Time: