Instructions: A permit-required confined space can be temporarily reclassified if all atmospheric conditions, hazardous energy, engulfment/entrapment, electrical shock that could cause serious injury is eliminated prior to entry. Complete the Hazard Elimination and Control section of this form to help document methods of reclassification.

This Reclassification Form is only good for 1-day or 8-hour shift. Provide a copy to EHSS @ ehs@isu.edu Contact EHSS Safety Programs Manager with any questions 208-282-2787

Date of Entry: Time of Entry:
Date of Exit: Time of Exit:
Location of Work: (Building name) (room #)
Reason for Entry:
Scope of Work:
Name of competent person / supervisor:

HAZARD ELIMINATION & CONTROL

***DO NOT USE FOR SPACES WITH HAZARDOUS ATMOSPHERES***

Document how you eliminated or controlled potential hazards below, if you are unsure of how to proceed, contact EHSS for assistance. If you must enter the space to eliminate hazards, treat the space as a Permit Required Confined Space.

<table>
<thead>
<tr>
<th>HAZARD</th>
<th>ELIMINATION</th>
<th>COMMENTS / VERIFICATION</th>
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<tbody>
<tr>
<td>Electrical or mechanical</td>
<td>Lockout/Tagout of energy sources prior to entry</td>
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<td>Heat Stress</td>
<td>Allow sufficient cool-down time prior to entry</td>
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<td>Fall Hazards (&gt;4 feet)</td>
<td>Use a secured temporary floor that is designed to carry the load of the worker and equipment.</td>
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<tr>
<td>Chemical</td>
<td>Remove if possible, or utilize proper PPE to reduce or eliminate exposure</td>
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AIR MONITORING RESULTS FOR INITIAL ENTRY

Instrument Model: Date of last calibration:
Intervals air will be monitored: □ Initially □ Every ___ minutes □ Continuously

<table>
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<tr>
<th>TIME</th>
<th>LOCATION OF AIR SAMPLE</th>
<th>OXYGEN (19.5% - 23.5%)</th>
<th>LEL (&lt;10%)</th>
<th>CO (&lt;25 ppm)</th>
<th>H2s (&lt;10 ppm)</th>
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</table>
**PERSONNEL ENTRY AND EXIT RECORD**

Comments / Issues Encountered During Entry:

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Work has been:  ☐ Completed  ☐ Canceled  ☐ Done for the Day

Authorized Signature: ___________________________ Date: ______ Time: ______

**ADDITIONAL ENTRY CONSIDERATIONS CHECKLIST**

**Additional PPE:**

- ☐ Hearing Protection  ☐ Head Protection  ☐ Dust Mask
- ☐ Gloves: ______________  ☐ Rubber Boots  ☐ Respirator (*requires training & fit testing prior to use*)
- ☐ Work Boots  ☐ Knee Pads
- ☐ Face Shield  ☐ Harness
- ☐ Safety Glasses/Goggles  ☐ Other: ______________
- ☐ Other: ______________

**Additional Considerations:**

- ☐ Lockout Tagout  ☐ Barricade Entry  ☐ Emergency services contacted prior to entry
- ☐ Hot Work *Requires a Permit*  ☐ Perimeter Established  ☐ Migrating Vapors/Gases
- ☐ Tripod with Winch *Requires training prior to use*  ☐ Portable Ladders  ☐ Other: ______________
- ☐ Other: ______________

*ISU Confined Space Plan  Page 2 of 2*