



**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](mailto: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.

HAZARD	ELIMINATION	COMMENTS / VERIFICATION
Electrical or mechanical	Lockout/Tagout of energy sources prior to entry	
Heat Stress	Allow sufficient cool-down time prior to entry	
Fall Hazards (>4 feet) Include any slip/trip conditions. (water on the floor)	Use a secured temporary floor that is designed to carry the load of the worker and equipment.	
Chemical	Remove if possible, or utilize proper PPE to reduce or eliminate exposure	

**AIR MONITORING RESULTS FOR INITIAL ENTRY**

Instrument Model:		Date of last calibration:			
Intervals air will be monitored:		<input type="checkbox"/> Initially	<input type="checkbox"/> Every ___ minutes	<input type="checkbox"/> Continuously	
TIME	LOCATION OF AIR SAMPLE	OXYGEN (19.5% - 23.5%)	LEL (<10%)	CO (<25 ppm)	H2s (<10 ppm)



**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:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Head Protection | <input type="checkbox"/> Dust Mask  |
| <input type="checkbox"/> Gloves: _____      | <input type="checkbox"/> Rubber Boots    | <input type="checkbox"/> Respirator ( <i>requires training &amp; fit testing prior to use</i> ) |
| <input type="checkbox"/> Work Boots         | <input type="checkbox"/> Knee Pads       | <input type="checkbox"/> Safety Glasses/Goggles   |
| <input type="checkbox"/> Face Shield        | <input type="checkbox"/> Harness         | <input type="checkbox"/> Other: _____   |

**Additional Considerations:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Lockout Tagout   | <input type="checkbox"/> Barricade Entry       | <input type="checkbox"/> Emergency services contacted prior to entry |
| <input type="checkbox"/> Hot Work ( <i>Requires a Permit</i> )                        | <input type="checkbox"/> Perimeter Established | <input type="checkbox"/> Migrating Vapors/Gases                      |
| <input type="checkbox"/> Tripod with Winch<br><i>(requires training prior to use)</i> | <input type="checkbox"/> Portable Ladders      | <input type="checkbox"/> Other: _____                                |
| <input type="checkbox"/> Generator  |  |  |