

University of Louisville- Confined Space Reclassification Form

ANY CHANGE IN THE CONFINED SPACES ENVIRONMENT, OR A LACK OF OCCUPANCY, SHALL REQUIRED NEW MONITORING PRIOR TO THE RE-COMMENCEMENT OF WORK.

SPACE TO BE ENTERED	LOCATION	SPACE #
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PURPOSE OF THE ENTRY (May Not Create Hazard)
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DATE PERMIT ISSUED

DURATION OF Entry (Max 12 hrs or 1 Shift)	BEGINNING TIME	ENDING TIME
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PRINT NAME OF ENTRY SUPERVISOR

SPACE HAZARDS (AFTER ELIMINATION)	YES	NO	NA	SPACE HAZARDS (AFTER ELIMINATION)	YES	NO	NA
ATMOSPHERIC				CAN THE SPACE BE RECLASSIFIED (SEE ASSESSMEN			
MECHANICAL				HEAT			
ELECTRICAL				ADJACENT WORK			
CHEMICAL				WORK BEING PERFORMED			
ENGULFMENT				CONFIGURATION			
NOISE				FALLS FROM HEIGHT			

ARE ALL ABOVE ANSEWERS "NO": YES NO ENTRY SUPERVOSOR SIGNATURE: _____

HAZARD CONTROLS	YES	NO	NA	HAZARD CONTROLS	YES	NO	NA
LOTO				CLEANING AND PURGING			
BLANK OR BLIND				ADDITIONAL WORK PERMITS			
NATURAL VENTILATION				CONTINUOUS AIR MONITORING			
MECHANICAL VENTILATION				OTHER			

ARE HAZARD CONTROLS EFFECTIVE?: YES NO ENTRY SUPERVOSOR SIGNATURE: _____

EQUIPMENT NEEDED	YES	NO	NA	EQUIPMENT NEEDED	YES	NO	NA
GLOVES				AIR MONITOR			
PROTECTIVE CLOTHING				AIR BLOWER			
SAFETY SHOES/BOOTS				FLOOD LIGHTS / FLASHLIGHTS			
HARD HAT				RADIOS / CELL PHONE			
SAFETY GLASSES/GOGGLES/ FACE SHIELD				GFCI			
LADDER				EYE WASH/SHOWER ACCESS			
FIRE EXTINGUISHER				HARNESS USE			
FIRE BLANKETS/SHIELD				RESCUE PLAN			

ATMOSPHERIC TESTING

MONITORING EQUIPMENT USED	MODEL	SERIAL #
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MONITOR CALIBRATION DATE	DATE	
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PERSON PERFORMING TESTS (PRINT NAME)

PERSON PERFORMING TEST (SIGNATURE)

PERIODIC or CONTINUOUS TESTING (CHOOSE ONE)

MONITORING

Alarm set points	Air monitoring results must be recorded every 30 mintues														
Time:	INTL														8HR
O2 19.5/23.5%															
LEL <10%															
CO 35 PPM															
H2S 10PPM															

SIGNATURES

ENTRY SUPERVISOR

ENTRANT(S)

ATTENDANT

DEHS APPROVAL
