### University of Louisville - Confined Space Reclassification Form

**ANY CHANGE IN THE CONFINED SPACES ENVIRONMENT, OR A LACK OF OCCUPANCY, SHALL REQUIRE NEW MONITORING PRIOR TO THE RECOMMENCEMENT OF WORK.**

**SPACE TO BE ENTERED**

**LOCATION**

**SPACE #**

**PURPOSE OF THE ENTRY** (May Not Create Hazard)

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**DATE PERMIT ISSUED**

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**DURATION OF Entry** (Max 12 hrs or 1 Shift)

**BEGINNING TIME**

**ENDING TIME**

**PRINT NAME OF ENTRY SUPERVISOR**

---

**SPACE HAZARDS (AFTER ELIMINATION)**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>SPACE HAZARDS (AFTER ELIMINATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>CAN THE SPACE BE RECLASSIFIED (SEE ASSESSMENT)</td>
</tr>
</tbody>
</table>

**ATMOSPHERIC**

**MECHANICAL**

**ELECTRICAL**

**CHEMICAL**

**ENGULFMENT**

**NOISE**

---

**ARE ALL ABOVE ANSWERS “NO”:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**ENTRY SUPERVISOR SIGNATURE:**

---

**HAZARD CONTROLS**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>HAZARD CONTROLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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**LOTO**

**BLANK OR BLIND**

**NATURAL VENTILATION**

**MECHANICAL VENTILATION**

---

**ARE HAZARD CONTROLS EFFECTIVE?:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**ENTRY SUPERVISOR SIGNATURE:**

---

**EQUIPMENT NEEDED**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NA</th>
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</tr>
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**GLOVES**

**PROTECTIVE CLOTHING**

**SAFETY SHOES/BOOTS**

**HARD HAT**

**SAFETY GLASSES/GOGGLES/ FACE SHIELD**

**LADDER**

**FIRE EXTINGUISHER**

**FIRE BLANKETS/SHIELD**

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**ATMOSPHERIC TESTING**

**MONITORING EQUIPMENT USED**

**MODEL**

**SERIAL #**

**MONITOR CALIBRATION DATE**

**PERSON PERFORMING TESTS (PRINT NAME)**

**PERSON PERFORMING TEST (SIGNATURE)**

**PERIODIC or CONTINUOUS TESTING (CHOOSE ONE)**

---

**AIR MONITORING**

**Air monitoring results must be recorded every 30 minutes**

**Time:**

<table>
<thead>
<tr>
<th>Alarm set points</th>
<th>INTL</th>
<th>8HR</th>
</tr>
</thead>
<tbody>
<tr>
<td>O2 19.5/23.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEL &lt;10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO 35 PPM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H2S 10PPM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**SIGNATURES**

**ENTRY SUPERVISOR**

**ENTRANT(S)**

**ATTENDANT**

**DEHS APPROVAL**