

Appendix B. Certificate Of Temporary Reclassification

This certificate must be completed before each time that a permit-required confined space is entered. If an entry is needed to eliminate or verify the elimination of a hazard, then full Permit-Required Confined Space (PRCS) entry procedures are required.

Permit Space Location (or number): _____

Purpose of entry: _____

Date of entry: _____ Start time: _____ End time: _____

Describe lockout procedure used: _____

Describe other control methods used (specify): _____

ENTRY IS ALLOWED ONLY WHEN ALL NECESSARY CONTROL MEASURES ARE STILL IN PLACE. THIS IS A PERMIT-REQUIRED CONFINED SPACE WHENEVER IT'S NOT FULLY LOCKED OUT.

I have received general Confined Space training and specific training for proper reclassification procedures for this Permit-Required Confined Space. I understand the lockout procedures and any other necessary control conditions for this space and certify that they have been fulfilled.

Entrant signature: _____

I have received general Confined Space training and specific training for proper reclassification procedures for this Permit-Required Confined Space. I understand the lockout procedures and any other necessary conditions for this space and certify that they have been fulfilled.

Signature of another confined space entry trained employee _____

IF HAZARDS ARISE DURING ENTRY, EMPLOYEE(S) MUST EXIT THE SPACE AND HAVE IT RE-EVALUATED BY THE ENVIRONMENTAL HEALTH & SAFETY COORDINATOR OR THE CONFINED SPACE ENTRY TRAINED SUPERVISOR.

IMMEDIATELY REPORT ANY UNUSUAL OCCURRENCES AND MAKE ANY SUGGESTIONS REGARDING POSSIBLE SAFETY PROBLEMS RELATED TO ENTERING THIS SPACE TO THE ENVIRONMENTAL HEALTH & SAFETY COORDINATOR.