

Appendix-C

CONFINED SPACE – RECLASSIFICATION PERMIT

APPLICATION #1: If it is necessary to enter the space to eliminate hazards then the Permit-required confined space program shall be followed.

Date:		Time:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Space ID Number:		Space Location:		

NOTE: IF ANY BOX IS MARKED “YES” AN ENTRY PERMIT IS REQUIRED.

RECLASSIFICATION REQUIREMENTS (check mark appropriate box)		
Hazardous Atmosphere Assessment	YES	NO
Flammable gas, vapor or mist in excess of 10% of its Lower Flammable Limit is detected?		
Airborne combustible dust meets or exceeds its Lower Flammable Limit?		
Oxygen concentration is NOT below 19.5 % or above 23.5%?		
Are there any dangerous substance in the atmosphere that are passed the Permissible Exposure Limit (PEL) or dose? (Published in 29 CFR 1910 Subpart G or Z)		
Are there any atmospheric conditions that are immediately dangerous to life and health?		

RECLASSIFICATION REQUIREMENTS (check all that apply)		
Hazard Assessment - Control of Energy in a Confined Space	YES	NO
Is there any <i>uncontrolled Electrical</i> energy?		
Is there any <i>uncontrolled Thermal</i> energy?		
Is there any <i>uncontrolled Nuclear</i> energy?		
Is there any <i>uncontrolled Mechanical</i> energy?		
Is there any <i>uncontrolled Hydraulic</i> energy?		
Is there any <i>uncontrolled Pneumatic</i> energy?		
Is there any <i>uncontrolled Chemical</i> energy?		
Is there any <i>uncontrolled Gravity</i> energy?		
Is there any <i>OTHER uncontrolled</i> means of energy?		

APPLICATION #2: If testing and inspection demonstrate that the hazards within the space have been eliminated the space may be reclassified as non-permit required as long as the hazards remain eliminated.

Supervisor:

(Print)

(Sign):

THIS RECLASSIFICATION PERMIT WILL BE MADE AVAILABLE TO EACH EMPLOYEE ENTERING THE SPACE OR TO THAT EMPLOYEE’S AUTHORIZED REPRESENTATIVE.

Return completed form to Environmental Health & Safety, PO Box 6551, Morgantown, WV 26506