

Confined Space Reclassification Form

FOB-EHS-002-000-B

Function Inc.

Confined Space Reclassification Form

Space: _____ **Space Inventory #** _____

Department(s) Seeking Permit to Enter Space: _____

Names of all employees involved in the work: _____

Whether Entering the Space or Not : _____

Upon certification by the Environmental Health & Safety Department, this space will be reclassified as a non-permit confined space for the duration of the task listed.

Task(s) to be performed: _____

Scheduled Start Date and Time: ___/___/___ at ___:___ AM / PM

Completion Date and Time: ___/___/___ at ___:___ AM / PM

Known or Potential Hazards (Including Atmospheric): _____

Means of Eliminating Hazards:

Any entry into the space to eliminate hazards must be done by permit.

Upon completion of the task listed above, the space reverts to a permit-required confined space.

Control of hazards **does not** meet the requirements for reclassification.

Control of atmospheric hazards through forced air ventilation does not constitute elimination of these hazards.

Atmospheric Readings

Any readings outside the acceptable range will automatically fail the space for reclassification.

Consult FOB-EHS-002-000-A | CONFINED SPACE ENTRY PERMIT to continue with the evaluation of safe entry as a Permit Required Confined Space.

High: ___ 0² ___ CO ___ CO² ___ VOCs

Middle: ___ 0² ___ CO ___ CO² ___ VOCs

LowHigh: ___ 0² ___ CO ___ CO² ___ VOCs

Atmospheric Monitoring Must be Continued Throughout Reclassified Space Entry Period.

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All hazards have been demonstrated as being eliminated as of the date and time below.

Confined Space # _____ may entered without a Confined Space Permit to complete only the work described in this form.

Any changes to the scope of this work will immediately void this form and require reevaluation under FOB-EHS-002, Confined Space Program.

If any portion of this reclassification form is not completed in full, the space cannot be reclassified.

A copy of this reclassification form must be conspicuously displayed at all entry / egress points.

Contact will be made by the EHS Specialist or designee each half hour for the duration of the work being performed with workers in the reclassified space.

↓EHS Use Only↓

Notes from EHS related to this reclassification and the work being performed.

EHS Representative Signature: _____

EHS Representative Name: _____
(Print or Type)

Date & Time: ___/___/___ at ___:___ AM / PM