



Appendix A – Temporary Reclassification Certificate

This form must be filled out and signed by the Department Supervisor. Reclassification of a Permit Required Confined Space to a Non Permit Required Confined Space is valid only for a single shift. The following evaluation is consistent with OSHA 29 CFR 1910.146(c)(7).

Department Supervisor – Complete the following:

Confined Space ID #:	YES	NO	Comments/Results
Location:			
Is the space free of actual or potential atmospheric hazards (including, not limited to drifting vapors from tanks, pipes, or sewers)?			
Considering industrial or other discharges, is this area likely to remain free of air contaminants while occupied? (Consider the potential of equipment failure, other activities happening near the space, etc.)			
Have all sources of hazards been isolated from the confined space without personnel entry? (All hazardous energy is controlled, lockout/tagout procedures are in use, etc.)			

The Department Supervisor must notify SRM of the scheduled entry and reclassification prior to entry activities.

DEPARTMENT SUPERVISOR AUTHORIZATION

If the answer to any of the above question is "No" then the space cannot be reclassified from Permit Required Confined Space to Non Permit Required Confined Space and entry must be performed under permit conditions.

A copy of this form must remain at the entry site for the duration of the entry or shift, whichever is shorter. This reclassification is considered valid for no greater than 1 shift or 8 hours. A copy of this form must be maintained for 1-year upon completion of entry into the space.

Name:
.....

Signature:
.....

Date: / /

Time: