

**APPENDIX A: DECLASSIFICATION OF PERMIT REQUIRED CONFINED SPACE FORM**

	<b>DECLASSIFICATION OF PERMIT REQUIRED CONFINED SPACE FORM</b>
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**ENTRY DESCRIPTION**

Name and Location of Space:	Date of Entry:	Contractor Companies Involved (If Any):
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Reason For Entry:

**ENTRY PLAN**

Under paragraph (c)(7) of 29 CFR 1910.146, if all hazards associated with a permit-required confined space can be eliminated prior to entry, then the space can be reclassified as a non-permit required confined space for the time necessary to accomplish the work and the hazards remain eliminated.

Hazard Type	Description of Hazard or Hazards	Isolation Method	Complete
Electrical			
Engulfment			
Temperature			
Chemical			
Other			

**ATMOSPHERIC MONITORING**

Parameter	Acceptable Reading	Hour 1	Hour 2	Hour 3	Hour 4	Hour 5	Hour 6	Hour 7	Hour 8	Hour 9	Hour 10	Hour 11	Hour 12
Oxygen	19.5%-23.5%												
LEL	<10%												
H2S	<10 ppm												
CO	<35 ppm												
Other													

**IDENTIFICATION OF PERSONNEL**

Entrant(s):	Attendant(s):	Supervisor:
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**EQUIPMENT REQUIRED**

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Safety Glasses or Goggles	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Other
<input type="checkbox"/> Chemical Gloves	<input type="checkbox"/> Steel Toed Shoes	<input type="checkbox"/> Ear Plugs	

**COMMUNICATIONS METHODS**

Please list all methods of communication to be used.

**ENTRY APPROVAL**

_____	_____	_____
Entry Supervisor	Time	Date

**PERMIT CLOSURE**

_____	_____	_____
Entry Supervisor	Time	Date