

Form 10-a2

Permit-Required Confined Space Reclassification Form

The following Permit-Required Confined Space has been reclassified as a "Non-Permit Confined Space". All hazards within the space have been eliminated.

LOCATION: _____

SPACE DESCRIPTION: _____

CERTIFYING EMPLOYEE: _____

Print Name

Signature

Date

| Hazards Originally Existing in Space | Method of Eliminating Hazard | Verified By |
|--------------------------------------|------------------------------|-------------|
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| | | |

TEST PERFORMED FOR ATMOSPHERIC HAZARDS (If Required)

Oxygen content greater than 19.5% and less than 23.5%

No Flammable gas or vapor levels present

Toxic Air contaminants do not exceed PELs

Employees Initials

This reclassification form shall be posted at the entrance to the confined space for the duration of the job or until conditions change to revert the space classification back to a permit-required space.