

University of Central Florida
Confined Space Program
Temporary Reclassification Form
Reclassifying Permit Required to Non-Permit Entry
29CFR 19W.146(c)(7)

This certification form is to be completed for authority to allow entry in a permit required confined space which is being temporarily reclassified as a non-permit confined space. It may only be issued under the conditions set forth in the written entry procedures specific to the space identified on this form.

NO WORK MAY BE PERFORMED WITHIN THIS SPACE THAT MAY PRODUCE HAZARDS OF UNACCEPTABLE LIMITS.

This certification shall be made available to each employee entering the space.

Specific location and space: _____

Date entry is authorized: _____

Time effective: From: _____ To: _____

Describe each specific step taken as prescribed by the written entry procedure as basis for determining all hazards have been eliminated (i.e. lockout-tagout of feed valves or power switches, atmosphere depressurized, removal of contaminants, temperature adjustment, etc.)

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Person making determination that all hazards have been eliminated:

print name

signature

date verified

time verified