

# UCSB Permit Required Confined Space Reclassification Form

**I. Confined Space Location:** \_\_\_\_\_ Emergency Telephone #: 893-3446 or 911 Date: \_\_\_\_\_  
 Entry Supervisor (Name, Department): \_\_\_\_\_ Valid from: \_\_\_\_\_ to \_\_\_\_\_  
 Purpose of entry: \_\_\_\_\_

**II. Known or Potential Hazards (\*\*Check and describe all known or potential hazards. All serious hazards must be eliminated prior to entry\*\*)**

- |   |  |
|---|--|
| <input type="checkbox"/> Atmospheric: _____                 | <input type="checkbox"/> Fall/Trip/Slip: _____             |
| <input type="checkbox"/> Engulfment/Entrapment: _____       | <input type="checkbox"/> Thermal (extreme hot/cold): _____ |
| <input type="checkbox"/> Hazardous Energy/Mechanical: _____ | <input type="checkbox"/> Other: _____                      |

**III. Hazard Mitigation Procedures (\*\*Indicate control measures implemented for hazards listed above. All serious hazards must be eliminated prior to entry\*\*)**

- |  |  |
|--|--|
| <input type="checkbox"/> Ventilation/Air Monitoring: _____   | <input type="checkbox"/> Barriers/Fall Protection: _____ |
| <input type="checkbox"/> Engulfment Hazard Mitigation: _____ | <input type="checkbox"/> Protective Clothing: _____      |
| <input type="checkbox"/> Energy Isolation/LOTO: _____        | <input type="checkbox"/> Other: _____                    |

**IV. Equipment Required for Entry (Check ALL that apply and describe where indicated)**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Air Monitoring Equipment                       | <input type="checkbox"/> Guarding Equipment       | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> GFI or Other Electrical Safety Devices |
| <input type="checkbox"/> Communication Equipment                        | <input type="checkbox"/> Harness/Rescue Equipment | <input type="checkbox"/> Other: _____      |   |
| <input type="checkbox"/> Personal Protective Equipment (Specify): _____ |   |  |   |

**V. Atmospheric Testing (Continuous Monitoring Required)**

Order of Testing	Tests to Be Performed	Acceptable Entry Conditions	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6
1	Oxygen (% Volume)	20.9% (20.5% to 21.5%)						
2	Flammable Gases (% LEL)	Less than 5% LEL						
3	Hydrogen Sulfide (ppm)	Less than 1 ppm H2S						
4	Carbon Monoxide (ppm)	Less than 10 ppm CO						
<b>Instrument:</b> Industrial Scientific MX4								
<b>Calibration Date (must be within last 30 days):</b>								

**VI. Authorized Personnel (must have completed documented PRCS training)**

Authorized Entrant(s) (Name, Department): \_\_\_\_\_  
 Attendant(s) (Name, Department): \_\_\_\_\_  
 Individual(s) Performing Atmospheric Testing (Name, Department): \_\_\_\_\_

**VII. Emergency Rescue Procedures:** 1. Call for emergency services 2. Entrant self-rescue if possible 3. Perform non-entry rescue

**VIII. Form Review and Reclassification Certification (Entry Supervisor):** I certify atmospheric testing was performed as required and results were within acceptable ranges, and all other known serious safety or health hazards have been eliminated. **Form not valid unless signed.**

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**IX. Reclassification Form Termination**

Reason entry was terminated: \_\_\_\_\_  
 Was all work completed and space returned to normal operating mode? Yes No  
 Entry Terminated By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

\*\*\*Entry Supervisor must send copy of completed form to UCSB Confined Space Program Administrator (ehs-industrialsafety@ucsb.edu)\*\*\*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Properly Completed (Y/N): \_\_\_\_\_