UNIVERSITY OF NORTHERN IOWA
PERMIT REQUIRED CONFINED SPACE
RECLASSIFICATION FORM

ENTRANT ___________________________ DATE ____________

CONFINED SPACE # ______ LOCATED AT _______________________

ESTIMATED AMOUNT OF TIME IN SPACE ________________

1. SUPERVISOR NOTIFIED? Y N WHO __________________________

2. WORK ZONE SECURED AND PUBLIC PROTECTED? Y N

3. ATMOSPHERE EVALUATION - (RECORD LEVELS)

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<tr>
<td>O₂ (19.5% - 23.5%)</td>
<td>Flammable Gas (&lt;10% of LFL)</td>
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<tr>
<td>CO (&lt;35 PPM)</td>
<td>H₂S (&lt;10 PPM)</td>
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4. DOES AN ENGULFMENT HAZARD EXIST? Y N

5. DOES AN ENTRAPMENT HAZARD EXIST? Y N

6. ANY HAZARDOUS ENERGIES/FLOWS NOT SECURED WITH LOCK OUT / TAG OUT? Y N

7. ANY OTHER UNCONTROLLED HAZARDS?
   **NOTE: DO NOT CONTINUE IF ANY Y'S ARE CIRCLED ON 4-7**
   Y N

8. HAS DISPATCH BEEN NOTIFIED OF ENTRY? Y N
   TIME ____________________________

9. HAS DISPATCH BEEN NOTIFIED OF EXIT? Y N
   TIME ____________________________

SIGNATURE ____________________________________________

COPIES OF THIS FORM TO BE KEPT BY THE DEPARTMENT FOR AT LEAST 1 YEAR

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