

**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)

O <sub>2</sub> (19.5% - 23.5%)	Flammable Gas (<10% of LFL)
CO (<35 PPM)	H <sub>2</sub> S (<10 PPM)

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? Y N

**NOTE: DO NOT CONTINUE IF ANY Y'S ARE CIRCLED ON 4-7**

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**