Temporary Confined Space Declassification Form

Applicability.A permit-required confined space (PRCS) qualifies for temporary declassification only if both of these conditions are met: a) no actual or potential atmospherichazards exist and b) all hazards associated with the confined space can be eliminated from outside the space for the duration of the entry (per [8 CCR 5157](https://www.dir.ca.gov/title8/5157.html) [c][7]).

Instructions.This form must be completed before anyone enters the space and kept at or near the entrance to the space during entry. To ensure entry conditions are acceptable, this form is good for one day only. For work lasting more than one day, a separate form is needed for each day's work.

Confined Space

|  |  |
| --- | --- |
| Reason for entry: | Entry date: |
| Location: | |
| Space description: | |

Hazard Elimination

|  |  |
| --- | --- |
| List all known and potential hazards | Describe how each hazard will be eliminated |
| Associated with the space: |  |
| Introduced by planned work: |  |
| Chemical: |  |

Air Monitoring Results

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Attendant will sample air  Initially  Every \_\_\_\_\_\_ minutes  Continuously | | | | | | | |
| Device | | | Sequence or  serial number | Calibration due date | Pre-use check performed by | Notes | |
|  | | |  |  |  |  | |
|  | | |  |  |  |  | |
| Time | Sampled by | O2  (19.5–23.5%) | (LEL/LFL <10%) | CO  (<25 ppm) | H2S  (<10 ppm) | Stratification | Other: |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Personnel Entry and Exit Record *(to be completed as needed before and during work)*

| Attendant name | Entrant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: | Entrant name: |
| --- | --- | --- | --- | --- | --- | --- |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Time in |  |  |  |  |  |  |
| Time out |  |  |  |  |  |  |
| Notes: | | | | | | |

Confirmation *(must be signed by the confined space entry supervisor before work begins)*

|  |  |
| --- | --- |
| I confirm that the named PRCS and the planned work qualify for temporary declassification.  Name: | |
| Signature: | Date: |