

# 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 atmospheric hazards 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](#) [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 <input type="checkbox"/> Initially <input type="checkbox"/> Every _____ minutes <input type="checkbox"/> Continuously							
Device			Sequence or serial number	Calibration due date	Pre-use check performed by	Notes	
Time	Sampled by	<input type="checkbox"/> O <sub>2</sub> (19.5–23.5%)	<input type="checkbox"/> (LEL/LFL <10%)	<input type="checkbox"/> CO (<25 ppm)	<input type="checkbox"/> H <sub>2</sub> S (<10 ppm)	<input type="checkbox"/> Stratification	<input type="checkbox"/> Other:

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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						
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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: