



Reclassification of a Permit-Required Confined Space

**MECHANICAL/PHYSICAL HAZARD ELIMINATION
CERTIFICATE**

☐ Physical or Mechanical Hazard Only

Space Location: _____

Procedures followed to eliminate all hazards from the space:

I certify that all non-air related hazards are eliminated and that all confined space entry procedures will be followed.

Project Supervisor: _____
(Printed Name and Signature)

Date: _____ Time: _____

This confined space may only be entered upon completion of this form.

Upon completion of entry, return the certificate to the Environmental Health and Safety Department, Building 99 or Fax to (585) 475-2966.