



Reclassification of a Permit-Required Confined Space

**ATMOSPHERIC & MECHANICAL/PHYSICAL
HAZARD ELIMINATION CERTIFICATE**

Space Location: _____

Hazardous Atmosphere Only

Continuous Forced Air Ventilation Is In Use

Confined Space Meter Bump Tested Prior to Entry

Air Tester: _____

(Printed Name and Signature)

ATMOSPHERIC CONDITIONS

Tests to be Taken	Acceptable Entry Conditions	Test #	Initial (1)	2	3	4
	PEL	Time				
% of Oxygen	>19.5% and <23.5%					
% of LEL	<10%					
Carbon Monoxide	<35 ppm					
Hydrogen Sulfide	<10 ppm					
Toxics	No Alarm					
Other						

Tests to be Taken	Acceptable Entry Conditions	Test #	5	6	7	8
	PEL	Time				
% of Oxygen	>19.5% and <23.5%					
% of LEL	<10%					
Carbon Monoxide	<35 ppm					
Hydrogen Sulfide	<10 ppm					
Toxics	No Alarm					
Other						

I certify that all air 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.