



DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY
Industrial Hygiene
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RECLASSIFYING A CONFINED SPACE

Date: _____

Confined Space ID: _____

1. This confined space poses no actual or potential atmospheric hazards.

NOTE: Control of atmospheric hazards through forced air ventilation does not constitute elimination of the hazards.

2. All hazards within the confined space were eliminated without entry into the space.
3. If it was necessary to enter the confined space to eliminate hazards, such entry was made using proper procedures for Permit-Required Confined Space Entry.
4. This certification will be available to each employee entering the space.

Printed name of Entry Supervisor: _____

Signature of Entry Supervisor: _____