



SMU

FORM

# CONFINED SPACE TEMPORARY DECLASSIFICATION

Owner: Risk Management  
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**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 29 CFR 1910.146, (c), 7). If hazards arise in a confined space that has been declassified, each employee must exit the space. The entry supervisor or SMU must determine if the space needs to be reclassified as a permit-required confined space. **If forced-air ventilation is used during an entry, it cannot be classified as a nonpermit-required confined space.**

**Instructions.** This form must be completed by the Performing Authority and Issuing Authority before anyone enters the space and kept at or near the entrance to the space during entry. Forms must be delivered to the Issuing Authority once work is completed. To ensure entry conditions are acceptable, this form is good for one workday only.

Section 1: PRCs Identification	
Application Date:	Confined Space ID No and Name :
Project:	Description of Work:
Company:	Start Work Date:
Location / Area:	Equipment to be Engaged:
Section 2: Hazard Identification	
List all known and potential hazards associated with the space and introduced by planned work:	Describe how each hazard will be eliminated:
Section 3: PRCs Declassification Approval	
I confirm that the named PRCs and the planned work qualify for temporary declassification.	
Performing Authority (Name): _____	Signature: _____ Date: _____ Time: _____
Issuing Authority (Name): _____	Signature: _____ Date: _____ Time: _____

