

Permit-Required ConfinedSpace Declassification Certification Form

I hereby certify that I have completed a P-R Confined Space *Pre-Entry Screening Form* on the space identified below, and this space does not pose any actual or potential atmospheric hazards, and that forced air ventilation will NOT be required to maintain this condition.

I further certify that all non-atmospheric hazards of the Permit-Required Confined Space identified below were eliminated, thereby temporarily rendering the space a "Temporarily Declassified P-R Confined Space" for as long as these hazards remain eliminated.

Finally, I have determined that there is no potential for any atmospheric OR non-atmospheric hazards to develop while I am *inside* the space.

Type of Confined Space (e.g. Air Handler): _____

Location of Confined Space: _____

Hazard(s) Eliminated: _____

Methods of Eliminating Hazard(s): _____

Name of Supervisor: _____

Supervisor Signature: _____

Date: _____

Distribution: Supervisor; EH&S; Hard Copy - Posted at Entrance to Declassified Space