



Reclassification of a Permit-Required Confined Space

HAZARD ELIMINATION CERTIFICATE

Space Location: _____

Physical or Mechanical Hazard Only

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 tag.
Return tag to the Environmental Health and Safety Department upon completion of entry.

