

# ALTERNATE ENTRY CONFINED SPACE PROCEDURES AND ENTRY FORM

Applicability: To be used where the only hazard in the space is an actual, or potential, hazardous atmosphere that can be controlled with forced air ventilation. Forced air ventilation must be applied at all times. If these conditions change, the permit-required confined space procedures and entry permit must be followed.

Job Site/Space ID Number \_\_\_\_\_ Job Supervisor \_\_\_\_\_

Location \_\_\_\_\_

Purpose of Entry/Description of Work \_\_\_\_\_

**PREPARATION**

1. Check air monitor calibration status and battery condition,
2. Protect Entry Perimeter,
3. Arrange for ventilation equipment and power supply,
4. Arrange for attendant person and communication.  
 - For entry into Electrical Vaults, attendant must be First Aid and CPR trained.

**ON-SITE MONITORING**

1. Test air at the top of the space through the cover, if possible. Record the results.
2. If acceptable, open the cover. Test the air at the middle and bottom of the space. Record the results. If you receive a combustibility reading, notify your supervisor and the Office of Environmental Health and Safety (OEHS).  
 DO NOT ENTER THE SPACE!
3. If the air is not safe, ventilate, purge and retest. If the atmosphere does not clear,  
 DO NOT ENTER THE SPACE!
4. Ventilate the space for a minimum of 10 minutes.
5. Continuously ventilate the space, monitor the space every 15 minutes and record the results. Retest the air after breaks and lunch.

**ATMOSPHERIC CHECK: INITIAL**

**Instrument:**

Name: \_\_\_\_\_ Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Time: \_\_\_\_\_ Toxic: \_\_\_\_\_ Type \_\_\_\_\_ %PPM

Oxygen: \_\_\_\_\_ %

Explosive: \_\_\_\_\_ % LFL

Toxic: \_\_\_\_\_ Type \_\_\_\_\_ %PPM

Testers Signature: \_\_\_\_\_

**VENTILATION**

VENTILATION MODIFICATION	N/A	YES	NO
Mechanical			
Other:			

**AUTHORIZATION**

We have reviewed the authorized work and written instructions; safety procedures have been received and are understood. Entry cannot be approved if any of the TABLE items are marked as "NO". This permit is not valid unless all appropriate items are completed and signatures obtained.

# ALTERNATE ENTRY CONFINED SPACE PROCEDURES AND ENTRY FORM

TITLE (ATTENDANT, ENTRANT, RESCUE)	PRINT NAME	SIGNATURE	TRAINING (YES/NO)

### PERIODIC ATMOSPHERIC TESTS

TIME OF READING	OXYGIN Safe Range (19.5-23.5%)	LEL Safe Range (<10%)	CO Safe Range (<35ppm)	TOXIC Safe Range (_____)	TOXIC Safe Range (_____)	TESTER'S SIGNATURE

### EMERGENCY AND RESCUE PROCEDURES

- First summon help. Call 911 from any phone
- Indicate location and that incident involves a Confined Space Emergency
- Initiate self- or non-entry rescue as necessary and feasible
- If a person is down for no apparent reason, you must assume that a toxic gas or oxygen deficient atmosphere exists. **DO NOT ENTER THE SPACE**
- Coordinate balance of rescue with other emergency services

### COMMENTS:-

---



---



---



---



---

Date/Time Entered \_\_\_\_\_

Date/Time Exited \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Keep this log at the work site during the operation  
Complete this form and return it to your supervisor when finished.**