Permit Required Confined Space Alternate Entry Documentation Form

Location: _____

Inventory Number:_____ Date: _____

1. Is the space eligible for alternate entry? (See written program or assessment) ☐ YES ☐ NO

2. Are all assigned personnel trained in permit required confined space entry? ☐ YES ☐ NO

3. Have all personnel been instructed to immediately evacuate the space if a new hazard is discovered or the controls fail? ☐ YES ☐ NO

4. Do you have a working and calibrated confined space meter? ☐ YES ☐ NO

5. Are atmospheric conditions acceptable for entry? ☐ YES ☐ NO

Atmospheric Testing	PRE-VENTILATION	POST-VENTILATION
Legal Limits O2-19.5%-23.5% (20.9% is ideal) H2S- 10ppm CO-35ppm LEL- 10%	Monitor:	Monitor:
	Serial #	Serial #
	Calibrated ☐ Battery Charged ☐	Calibrated ☐ Battery Charged ☐
	Reading Outside Space Time:	Reading Outside Space Time:
	O2: H2S: CO: LEL:	O2: H2S: CO: LEL:
	Readings At 5/10/15 Feet Time:	Readings At 5/10/15 Feet Time:
	(5ft) O2: H2S: CO: LEL:	(5ft) O2: H2S: CO: LEL:
	(10ft) O2: H2S: CO: LEL:	(10ft) O2: H2S: CO: LEL:
	(15ft) O2: H2S: CO: LEL:	(15ft) O2: H2S: CO: LEL:

6. Continuous forced air ventilation provided throughout the entry. ☐ YES ☐ NO

Note: If ventilation fails, exit the space and proceed only under full permit conditions.

7. Verify all other hazards not present or eliminated (without entering the space)? ☐ YES ☐ NO

Note: If entry is required to eliminate hazards alternate entry is not permitted. Stop and proceed only under full permit conditions.

If any of the following conditions exist inside the space document how those hazards are eliminated.

HAZARD	NO	YES	ELIMINATION METHODS
Entrapment			
Engulfment			
Electrical			
Mechanical			

Note: If a hazard exists and is not eliminated alternate entry is not permitted. Stop and proceed only under full permit conditions.

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8. Are all hazards related to opening the space eliminated? ☐ YES ☐ NO

9. If applicable, is the entrance guarded with a railing or suitable means? ☐ YES ☐ NO

If you answered no to any question one through nine, alternate entry is not permitted. Stop and proceed only under full permit conditions.

In addition to continuous violation, periodic air monitoring must be documented throughout the entry. Use the space provided below or other form to document the periodic monitoring results.

By signing this document I attest that all information is complete and accurate.

________________________ ________________________ __________

Print Name | Signature | Date

Continuous Atmospheric Testing

<u>Legal Limits</u>
O_2-19.5%-23.5%
(20.9% is ideal)
H_2S- 10ppm
CO-35ppm
LEL- 10%

Monitor 1:				Monitor 2:			
Readings At 5/10/15 Feet	Time:			Readings At 5/10/15 Feet	Time:		
(5ft) O_2:	H_2S:	CO:	LEL:	(5ft) O_2:	H_2S:	CO:	LEL:
(10ft) O_2:	H_2S:	CO:	LEL:	(10ft) O_2:	H_2S:	CO:	LEL:
(15ft) O_2:	H_2S:	CO:	LEL:	(15ft) O_2:	H_2S:	CO:	LEL:
Readings At 5/10/15 Feet	Time:			Readings At 5/10/15 Feet	Time:		
(5ft) O_2:	H_2S:	CO:	LEL:	(5ft) O_2:	H_2S:	CO:	LEL:
(10ft) O_2:	H_2S:	CO:	LEL:	(10ft) O_2:	H_2S:	CO:	LEL:
(15ft) O_2:	H_2S:	CO:	LEL:	(15ft) O_2:	H_2S:	CO:	LEL:
Readings At 5/10/15 Feet	Time:			Readings At 5/10/15 Feet	Time:		
(5ft) O_2:	H_2S:	CO:	LEL:	(5ft) O_2:	H_2S:	CO:	LEL:
(10ft) O_2:	H_2S:	CO:	LEL:	(10ft) O_2:	H_2S:	CO:	LEL:
(15ft) O_2:	H_2S:	CO:	LEL:	(15ft) O_2:	H_2S:	CO:	LEL:
Monitor 1:				Monitor 2:			
Readings At 5/10/15 Feet	Time:			Readings At 5/10/15 Feet	Time:		
(5ft) O_2:	H_2S:	CO:	LEL:	(5ft) O_2:	H_2S:	CO:	LEL:
(10ft) O_2:	H_2S:	CO:	LEL:	(10ft) O_2:	H_2S:	CO:	LEL:
(15ft) O_2:	H_2S:	CO:	LEL:	(15ft) O_2:	H_2S:	CO:	LEL:
Readings At 5/10/15 Feet	Time:			Readings At 5/10/15 Feet	Time:		
(5ft) O_2:	H_2S:	CO:	LEL:	(5ft) O_2:	H_2S:	CO:	LEL:
(10ft) O_2:	H_2S:	CO:	LEL:	(10ft) O_2:	H_2S:	CO:	LEL:
(15ft) O_2:	H_2S:	CO:	LEL:	(15ft) O_2:	H_2S:	CO:	LEL:
Readings At 5/10/15 Feet	Time:			Readings At 5/10/15 Feet	Time:		
(5ft) O_2:	H_2S:	CO:	LEL:	(5ft) O_2:	H_2S:	CO:	LEL:
(10ft) O_2:	H_2S:	CO:	LEL:	(10ft) O_2:	H_2S:	CO:	LEL:
(15ft) O_2:	H_2S:	CO:	LEL:	(15ft) O_2:	H_2S:	CO:	LEL: