PERMIT-REQUIRED CONFINED SPACE ALTERNATE ENTRY FORM

Use this form to temporarily enter a permit-required confined space using Alternate Entry Procedures (no permit required), which is only valid for the duration of work being performed and for no more than 8 hours. Alternate Entry may be used when the only hazard in the space is an actual or potential hazardous atmosphere that can be controlled with forced-air ventilation alone. If these conditions change, a Confined Space Entry Permit is required. Review the confined space assessment to evaluate the space, and review the work to be performed within the space.

General

- Space to be Entered:
- Date & Time Issued:
- Location of Space:
- Date & Time of Expiration:
- Purpose of Entry:
- Department or Contractor:
- ENTRANT(S):
- ATTENDANT(S):

Requirements

1. If work being done inside or near the space can introduce a new serious hazard (e.g., welding, chemicals, steam, unguarded or unprotected energized electrical equipment, painting fumes), a Confined Space Entry Permit is required if the hazard cannot be eliminated without entering the space.
2. Continuous forced-air ventilation is required for the entire duration of the work being performed inside the space.
3. Atmospheric testing within the space must be performed prior to entry, periodically as necessary, and at least every two hours for the duration of the work, to ensure that the continuous forced-air ventilation is preventing the accumulation of a hazardous atmosphere.
4. An attendant must be outside the space anytime work is being performed inside the space to perform periodic communication checks with the entrant. The attendant must have a means to communicate with the entrant and the ability to summon rescue services (e.g., 911).

Atmospheric Testing

1. Before entry, test the atmosphere at the top of the space and every four feet until the bottom of the space. Record the results.
2. If the atmosphere is not safe, ventilate, purge, and retest the atmosphere. If the atmosphere does not clear the test, do not enter the space!
3. Once an acceptable atmosphere is obtained, continuously ventilate and monitor the space, recording the results at least every 2 hours.

<table>
<thead>
<tr>
<th>Atmospheric Gases</th>
<th>Permissible Limits (must be within limits)</th>
<th>Pre-Entry</th>
<th>Time During Entry – Record Readings Every 2 Hours (8-Hour Maximum)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>AM PM AM AM AM AM AM AM PM PM PM PM</td>
<td></td>
</tr>
<tr>
<td>Oxygen (O₂)</td>
<td>19.5% to 23.5%</td>
<td>% % %   % % % % % %</td>
<td></td>
</tr>
<tr>
<td>Lower Explosive Limit (LEL)</td>
<td>Under 10%</td>
<td>% % %   % % % % % %</td>
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<tr>
<td>Carbon Monoxide (CO)</td>
<td>Under 35 ppm</td>
<td>ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm</td>
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<tr>
<td>Hydrogen Sulfide (H₂S)</td>
<td>Under 10 ppm</td>
<td>ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm ppm</td>
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<tr>
<td>Other: (specify)</td>
<td>(specify)</td>
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<td></td>
</tr>
</tbody>
</table>

Tester's Initials: ____________________________

Monitoring Equipment Make and Model: ____________________________
Serial Number: ____________________________
Calibration Date: ____________________________
Bump Test Passed Prior to Use? (required): Yes

Certification and Authorization

By signing below, I certify that the space does not contain a hazardous atmosphere, no other serious hazards exist in the space, and no hazards will be introduced into or created within the space during the entry. I certify that all actions and conditions necessary for safe entry have been performed to temporarily enter the permit-required confined space via alternate entry procedures.

Entry Supervisor: ____________________________
Signed: ____________________________
Title: ____________________________

Cancellation

Entry will be terminated and this form will be cancelled when the entry operations covered by this form have been completed, or when a condition that is not allowed under this form arises in or near the space. If hazards arise within a permit-required confined space that has been entered via alternate entry procedures, the space must be evacuated immediately until safe entry requirements can be determined.

Form must be cancelled by the Entry Supervisor and kept on file by departments for 3 years.

Cancelled by: ____________________________
Date & Time: ____________________________
Reason: ☐ Work Complete ☐ Conditions Violate Form ☐ New Hazards ☐ Other (specify) ____________________________