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.

	evaluate the space,	, and review the w	ork to be perform	ned within the spac	e.			
			neral					
Space to be Entered:				Date & Time Issi	ued:			
Location of Space:			Date a	& Time of Expirat	tion:			
Purpose of Entry:			Depai	tment or Contract	ctor:			
ENTRANT(S):								
ATTENDANT(S):								
			ements					
 If work being done inside or 								
energized electrical equipm	ent, painting fumes), a C	onfined Space E	Entry Permit is r	equired if the haz	zard cannot be	eliminated wit	hout ent	tering
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 outsice							ooko witi	h tha
entrant. The attendant must								ii tiie
entrant. The attendant must	Thave a means to commit	Atmosphe		ability to suffiffic	ii iescue seivi	063 (6.g., 311)		
Before entry, test the atmos	nhere at the top of the sr			e hottom of the s	nace Record t	the results		
2. If the atmosphere is not safe							the sna	cel
Once an acceptable atmosp								50.
<u> </u>				ntry – Record Re				num)
Atmospheric Gases	Permissible Limits	AM	AM	AM	AM	AM		AM
(test in this order)	(must be within limits)	PM	PM	PM	PM	PM		PM
Oxygen (O ₂)	19.5% to 23.5%	%	%	%	%	%		%
Lower Explosive Limit (LEL)	Under 10%	%	%	%	%	%		%
Carbon Monoxide (CO)	Under 35 ppm	ppm	ppm	ppm	ppm	ppm		ppm
Hydrogen Sulfide (H ₂ S)	Under 10 ppm	ppm	ppm	ppm	ppm	ppm		ppm
Other: (specify)	(specify)							
Tester's Initials:								
Monitoring Equipment Make and	d Model	Serial Number			Calibration Date		np Test sed Prior	Yes
							Use?	
						(red	quired)	
		ertification an						
By signing below, I certify that the sp								
into or created within the space during					been performed	to temporarily e	nter the p	ermit
required confined space via alternate entry pro-				rocedures.	(title):			
Ziiki y Gupor	, , , , , , , , , , , , , , , , , , ,	Cance	ellation		<u> </u>	,		
Entry will be terminated and this form	n will he cancelled when the			orm have been con	nnleted or when	a condition that	is not al	lowed
under this form arises in or near the								
	must be evacuated imr					, p	,	r
Fo	rm must cancelled by the							

Date & Time:

Cancelled by:

Reason: Work Complete Conditions Violate Form New Hazards Other (Specify)