Alternate Entry Form

Space: _____ Evaluator: _____

Location: _____ Date: _____ WO# _____

Answer the following questions about this confined space.

Yes	No	
☐	☐	Is there an engulfment potential?
☐	☐	Does the internal configuration restrict entry or exit (converging walls or sloping and tapered floors)?
☐	☐	Is there any potential for drowning?
☐	☐	Is there any machinery with moving parts in the space?
☐	☐	Is there any source of shocks, burns, or electrocution in the space?
☐	☐	Are there high-pressure steam lines (200 psi or greater) in the space?
☐	☐	Could non-intact asbestos-containing material be released during entry operations (e.g. insulation fallen on floor, blown around by ventilation)?
☐	☐	Are there any other potential hazards that cannot be eliminated by using forced air ventilation (for example, incapacitating heat/cold stress, entrapment, poisonous pests, radiation, chemicals, or any other hazard that could cause injury, incapacitation, inability to self-rescue, or death?)

If you answered "No" to all the above questions, you can use this Alternate Entry Procedure, below.
Complete all tables below and sign at the end before beginning entry.
After completing entry, turn this form in the same way you would a Permit.

Pre-Entry Checklists (for Alternate Entry)

Purpose of Entry:

Entrant(s) (list all):

Attendant(s), if present (Attendant is optional):

Safety Precautions & Equipment Required for All Alternate Entries (check off as each item verified to be ready):

☐ Forced ventilation fan	☐ GFCI for all electrical devices	☐ Barricades
☐ Communications equipment	☐ Lighting	☐ Traffic control devices
☐ Work overalls	☐ Signs posted	☐ Other _____

Additional Safety Precautions & Equipment (check all that apply):

☐ Hot Work Permit (attach to Entry Permit)	☐ Safety shoes/boots	☐ Insulated clothing
☐ Asbestos respirator & protective clothing	☐ Safety glasses	☐ Heat stress monitoring & cooling vest
☐ Work gloves	☐ Goggles, vented or unvented	☐ Ladders
☐ Hard hat	☐ Hearing protection	☐ Other _____
☐ Other _____	☐ Other _____	☐ Other _____

Monitoring Equipment Used _____ **Name** of Person Doing Monitoring: _____

Oxygen Level (19.5% to 23.5%): Time/Percent: _____/_____ _____/_____ _____/_____ _____/_____
Combustible Gas (0% LEL): Time/Percent LEL _____/_____ _____/_____ _____/_____ _____/_____
Carbon Monoxide (less than 50 ppm): Time/PPM _____/_____ _____/_____ _____/_____ _____/_____
Hydrogen Sulfide (less than 10 ppm): Time/PPM _____/_____ _____/_____ _____/_____ _____/_____
Other _____: Time/PPM _____/_____ _____/_____ _____/_____ _____/_____

Comments on the Entry or Space (if gases exceed allowed limits, or if space exited because of unsafe conditions, describe here):

NOTE: All answers in the following table must be "YES" or "N/A" before entering!

Question	Yes	N/A	No	Comments
Entrant, Attendant (if used), and Person doing air monitoring have up-to-date training?				
Pedestrian & vehicle traffic controlled, & Area secured with barriers, shields, etc?				
PPE inspected and donned? [See other side for PPE to be used]				
Clean air source for ventilation fan intake located & secured?				
Forced ventilation prior to entry (for 750 cfm blower: at least 5 mins; 10 mins if space >1000cf)?				
Arrangements made for continuous forced ventilation?				
Air monitoring equipment calibrated per Manufacturer's instructions?				
Air monitoring equipment "bump-tested" immediately before using?				
All portable electric equipment has GFCI or is grounded & insulated?				
Lighting adequate & in good working order?				
O2, LEL, CO, and H2S read at top, middle & bottom of space before entering?				
O2, LEL, CO, and H2S within acceptable limits (see Air Monitoring, above)?				
Arrangements made for continuous monitoring (including sufficient tubing to reach Entrant)?				
Communication equipment working properly?				
Entrant wearing rescue harness or wristlets (optional but highly recommended)?				
Hot work permit attached to Alternate Entry Checklist?				
Torches lighted outside the space if practical? (No fuel lighters carried on body).				
Combustible gas levels tested and at 0%, and ventilation on before lighting torches?				
Gas hoses checked for leaks before bringing into space & no gas bottles taken into space?				
MSDSs for any materials to be used are on hand?				
Non-intact ACM previously secured or removed using Class III methods?				
Space cleaned and purged if necessary?				
Contractors briefed?				

Signature of Evaluator/Entrant: _____ **Date:** _____