**Alternate Entry Procedure Checklist**

In order to enter a Permit-Required Confined Space using Alternate Entry Procedures, all hazards must be controlled or removed and any actual or potential hazardous atmosphere must be monitored by using a calibrated direct-read instrument for oxygen, flammability and toxicity. Continuous forced air ventilation alone must be sufficient to maintain the space safe for entry.

**If a hazard is detected during the Alternate Entry, the entry shall be terminated and the space re-evaluated.**

**Before** entry, the following checklist must be completed. If you answer “**yes**” to **all** the questions, and have completed the remainder of this form, you may enter the confined space. Answering “**no**” to **any** of the questions means you may not enter unless you use **Permit-Required Confined Space Entry Procedures**.

**Space to be entered:**

**Purpose of entry:**

**Location:**

**Date:**

**Pre-Entry Checklist:**

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. Does a survey of the surrounding area show that itappears to be free of atmospheric hazards? |  |  |
| 2. Have you evaluated and eliminated any hazard to ensurethat the cover to a confined space can be removed safely? |  |  |
| 3. Have electrical energy sources that could pose a hazard been de-energized and locked out? |  |  |
| 4. Is piping that could pose a hazard, drained and are allvalves locked out and tagged? |  |  |
| 5. Are other sources of energy such as steam, hydraulic, air,or mechanical systems that could pose a hazard locked and tagged out? |  |  |
| 6. To the best of your knowledge will the area remain free ofall other known hazards for the duration of the entry. |  |  |
| 7. Have you been trained on the hazards, equipment andsafe work practices necessary to make the entry and all work performed during the entry safe? |  |  |
| 8. Are you trained to operate the air monitoring equipment? |  |  |
| 9. Are you trained and authorized to enter confined spaces? |  |  |
| 10. If continuous forced ventilation is indicated, is it in place,operating, and directed to the work area? |  |  |
| 11. Was the air monitoring equipment calibrated within 30 days? |  |  |
| 12. Did you test the atmosphere before entry and record thereadings below? |  |  |
| 13. Is it true that the air monitoring equipment did not go intoalarm during initial testing? |  |  |
| 14. Will the confined space atmosphere be monitoredcontinuously during your entry? |  |  |
| 15. Is the opening guarded to prevent persons or objects fromfalling into the space? |  |  |

**If you have completed the above checklist and answered “yes” to all questions, you may authorize appropriately trained individuals to enter the confined space using Alternate Entry Procedures.**

**Atmospheric Testing Record:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sampled****for:** | **Permissible****Entry****Levels** | **Initial****reading** | **30****min** | **1 hr** | **1.5 hr** | **2 hr** | **2.5 hr** | **3 hr** | **3.5 hr** | **4 hr** |
| Oxygen | 19.5 to23.5% |  |  |  |  |  |  |  |  |  |
| HydrogenSulfide | a10PPMb15PPM |  |  |  |  |  |  |  |  |  |
| CarbonMonoxide | Under 35PPM |  |  |  |  |  |  |  |  |  |
| LEL |  |  |  |  |  |  |  |  |  |  |

 aEmployee can work in the area for 8 hours at this concentration.

 bEmployee can work in this area up to 15 minutes at this concentration.

|  |
| --- |
| Emergency Rescue Plan (Please describe your rescue in case of an emergency): |
| If any special equipment is needed for a rescue, please specify:  |
| Describe your method of communication and include contact info below: |
| Name | Contact info | Position |
| Name | Contact Info | Position  |
| Name | Contact Info | Position |

**Entrants:**

Entry was:

 Concluded normally

 Aborted due to problems listed:

Entry Supervisor Signature: \_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_