

Alternate Entry Form

Applicability. This form applies to the entry of a permit-required confined space (PRCS) in which **the only hazard is atmospheric** and this hazard can be controlled and the space maintained safe for entry with continuous forced air ventilation (per 29 CFR 1910.146, c, 5). If conditions do not meet these requirements or for more information, see Atlas Confined Entry Procedure

Instructions. This form must be completed before anyone enters the space and kept at or near the entrance to the space during the entry. All form must be sent to the project manager once work is completed. To ensure entry conditions are acceptable, this form is good for one day only. For work lasting more than one day, a separate form is needed for each day's work.

Confined Space

Reason for entry:	Entry date:
Location:	
Space description:	
List all known atmospheric hazards associated with the confined space:	
List all potential atmospheric hazards that will be introduced by the planned work:	
Forced air ventilation required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Air Monitoring Results

Attendant will sample air <input type="checkbox"/> Initially <input type="checkbox"/> Every _____ minutes <input type="checkbox"/> Continuously							
Device			Sequence or serial number	Calibration due date	Pre-use check performed by	Notes	
Time	Sampled by	<input type="checkbox"/> O ₂ (19.5–23.5%)	<input type="checkbox"/> (LEL/LFL <10%)	<input type="checkbox"/> CO (<25 ppm)	<input type="checkbox"/> H ₂ S (<10 ppm)	<input type="checkbox"/> Stratification	<input type="checkbox"/> Other:

Personnel Entry and Exit Record *(to be completed as needed before and during work)*

Attendant name:	Entrant name:	Entrant name:	Entrant name:	Entrant name:	Entrant name:	Entrant name:
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Notes:						

Confirmation *(must be signed by the confined space entry supervisor before work begins)*

I confirm that the named PRCS and the planned work qualify for alternate entry.	
Name:	
Signature:	Date: