**ALTERNATE ENTRY PROCEDURES AND PERMIT**

To be used where the only hazard in the space is an actual, or potential, hazardous atmosphere that can be controlled with forced air ventilation. If these conditions change, a Confined Space Entry Permit is required.

XXXX employees are only authorized to enter confined spaces after having received training in specialized entry procedures. Notify Supervisor before entering and upon exiting space.

Date

Location Type of Space

Reason for Entry Form Completed By

Person(s) Entering

## PREPARATION

1. Check air monitor calibration status and battery condition,
2. Protect Entry Perimeter,
3. Arrange for ventilation equipment and power supply,
4. Arrange for attendant person and communication.

- For entry into Electrical Vaults, attendant must be First Aid and CPR trained.

## ON-SITE MONITORING

1. Test air at the top of the space through the cover. Record the results.
2. If acceptable, open the cover. Test the air at the middle and bottom of the space. Record the results. If the combustibility reading at the bottom is greater than at the top of the space, notify your supervisor and XXXXXX
3. If the air in not safe, ventilate, purge and retest. If the atmosphere does not clear, DO NOT ENTER THE SPACE!
4. Ventilate the space for a minimum of 5 minutes.
5. Continuously monitor the space and record the results every hour. Retest the air after breaks and lunch.

## Instrument:

**MEASUREMENT**

Name: Model Number: Serial Number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TIME**  **OF READING** | **OXY**  Safe Range (19.5-23.5%) | **LEL**  Safe Range (<10%) | **CO**  Safe Range (<35ppm) | **OTHER** |
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If an emergency should occur, first summon help. Call Ext. XXX or 911 and request help from the fire department. Tell the operator that you have a “manhole rescue situation”. If a person is down for no apparent reason, you must assume that toxic gases or oxygen deficient atmosphere conditions exist. DO NOT ENTER THE SPACE – Fire department personnel using self-contained breathing apparatus and full protective gear will manage the rescue effort.

Date/Time Entered

Date/Time Exited

Supervisor’s Signature

Date

**Keep this log at the work site during the operation Complete this form and return it to your supervisor when finished.**