

APPENDIX E – ALTERNATE ENTRY PROCEDURES FORM

Section I	Type of Space:		Date:		
	Specific Location:				
	Purpose of Entry:				
	Known/Potential Hazards				
Section II	Hazard Evaluation:			Yes	No
	1. Are there known or potential Atmospheric Hazards?				
	2. Can the Atmospheric Hazards be controlled by forced air ventilation?				
	3. If forced air ventilation were to fail, would the space become Immediately Dangerous to Life of Health (IDLH)?				
	4. Are there other known hazards?				
	5. Can the other known hazards be eliminated without entrance into the space?				
Note: If the answer to questions 2 OR 5 is “ NO ”, OR the answer to question 3 is “ YES ”, then the full Entry Permit process must be used.					
Section III	Original Hazards:	Steps Taken to Eliminate Hazards:	Elimination Performed By: (Name)		
Section IV	Time Tests Are Taken				
	Tests to be Taken	Limit	Test Results		
	% of Oxygen	19.5-23.5 %			
	% of LEL	10 %			
	Carbon Monoxide	25 ppm			
	Hydrogen Sulfide	10 ppm			
	Others (List):				
	Monitoring Instrument Name:		Serial #:		
	Date of Calibration:				
Note: Initial air monitoring tests shall be completed before entry. Continuous air monitoring is required, with results being recorded at least hourly. For questions pertaining to test requirements, contact your supervisor.					
Section V	I certify that I have verified that all atmospheric hazards are being controlled by continuous forced air ventilation and all other known and potential hazards associated with this space have been eliminated.				
	Entry Supervisor:				
	(Signature)		(Print Name)		
	(Phone)		(Date)		