

Confined Space Alternate Entry Form

Breaking the Plane with Hand Only*

Entry Date: / / Start Time: AM PM Expires: AM PM or @ end of shift

Permit space to be entered (name and location of space): _____

Purpose of entry: _____

Names of trained, authorized individuals

- Entry supervisor: _____ Authorized Entrants: _____
- Entry attendant*: _____

Emergency contact information

Emergency Responder: **Call 911 and state "Confined Space Rescue"**

WW Contact: _____ Time: _____

Pre-entry requirements

| Requirements | Yes | No | N/A | Requirements | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|
| Lockout - tagout/de-energize | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot work permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Purge, flush or drain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Retrieval harness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilation (natural or mechanical) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Davit/Lifeline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secure area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal protective equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safe lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hardhat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-sparking tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gloves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication (Cell, Blow Horn, Radio) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety glasses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contractor employees involved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respirator, type | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Possible atmospheric hazards | Yes | No | N/A |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| Lack of oxygen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Combustible gases/vapors/dust | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Toxic gases/vapors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Possible non-atmospheric hazards | Yes | No | N/A |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Noise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical contact | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical hazard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical exposure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Temperature extreme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Engulfment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Entrapment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other non-atmospheric hazard: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Pre-entry checklist

Do not enter this permit space until the following "needs action" conditions are corrected.

- | OK | Needs Action | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Bump testing has been performed this shift on the gas monitor before use. If so, by whom? _____ Monitor calibration date checked? |
| <input type="checkbox"/> | <input type="checkbox"/> | A minimum of two employees must be assigned to work involving permit space entry. One employee must remain outside the permit space at all times. <i>This is not required when breaking the plane with hand only.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | The surrounding area must be surveyed to show that it is free of hazards such as drifting vapors from tanks, piping, sewers, or vehicle exhaust. |
| <input type="checkbox"/> | <input type="checkbox"/> | The atmosphere will be continuously monitored while the space is occupied, if required by entry procedure. |

*For breaking the plane with hand only, attendant is not required.

Atmospheric Testing/Monitoring

If possible, test air BEFORE opening space. (Most fires / explosions occur at point/time of entry.) Initial air test must be performed at upper, mid, & lower levels of the confined space. Monitor at least every 15 minutes.

| Space-monitoring results | Oxygen % | LEL % | H ₂ S ppm | CO ppm |
|-----------------------------------|----------------|---------------|----------------------|--------|
| Permissible exposure entry levels | 19.5% to 23.5% | Less than 10% | 10 ppm | 35 ppm |
| Initial | | | | |
| 15 min. | | | | |
| 30 min. | | | | |
| 45 min. | | | | |
| 60 min. | | | | |
| 1 hr 15 min | | | | |
| 1 hr 30 min | | | | |
| 1 hr 45 min | | | | |
| 2 hrs | | | | |
| 2 hrs 15 min | | | | |
| 2 hrs 30 min | | | | |
| 2 hrs 45 min | | | | |
| 3 hrs | | | | |
| 3 hrs 15 min | | | | |
| 3 hrs 30 min | | | | |
| 3 hrs 45 min | | | | |
| 4 hrs | | | | |
| 4 hrs 15 min | | | | |
| 4 hrs 30 min | | | | |
| 4 hrs 45 min | | | | |
| 5 hrs | | | | |
| 5 hrs 15 min | | | | |
| 5 hrs 30 min | | | | |
| 5 hrs 45 min | | | | |
| 6 hrs | | | | |
| 6 hrs 15 min | | | | |
| 6 hrs 30 min | | | | |
| 6 hrs 45 min | | | | |
| 7 hrs | | | | |
| 7 hrs 15 min | | | | |
| 7 hrs 30 min | | | | |
| 7 hrs 45 min | | | | |
| 8 hrs | | | | |

This entry has been terminated for the following reason:

Work completed **Canceled** Time: _____ Note: _____

Time: _____ Date: / /

Entry Supervisor's signature

Time: _____ Date: / /

Section Supervisor's signature (Canceled Entry Review)