

Confined Space Program Permit Space Alternate Procedure Checklist

Location: _____ I.D. _____

Description of space: _____

Department responsible: _____

Description of work to be performed: _____

Checklist is valid from: _____ (Date/Time) To: _____ (Date/Time)

If entry into this space is not made during time specified, a new checklist must be completed prior to entry.

PREPARATIONS

- | | YES
() | NO
() |
|--|------------|-----------|
| 1. Has the size (volume) and configuration of the space been determined prior to entry? _____ | () | () |
| 2.a. Have persons involved in entry operations received permit-space training? _____ | () | () |
| 2.b. Has the certifier received permit-space training? _____ | () | () |
| 3.a. What tasks are to be performed during the entry operation? _____ | | |
| <hr/> | | |
| 3.b. Is a hazardous atmosphere the only serious hazard of concern?
If no, alternative procedures cannot be used unless all other serious hazards are eliminated and documented using the reclassification checklist. | () | () |
| 4. Does the atmospheric hazard in the space have the potential to create high temperatures or high pressures?
If yes, take appropriate action before removing cover. | () | () |
| 5. Are conditions safe to remove cover?
If no, cover removal is prohibited. | () | () |
| 6. After cover removal, is opening properly guarded? | () | () |
| 7.a. Will continuous forced air ventilation be provided?
If no, explain why: _____ | () | () |
| <hr/> | | |
| If yes, explain capacity (CFM) air exchange rate: _____ | | |
| <hr/> | | |
| 7.b. Minimum ventilation duration prior to allowing entry: _____
(Conduct pre-entry atmospheric testing and continue to ventilate the space during the entire entry operation) | | |
| 8. Is atmospheric testing equipment calibrated? Date of calibration: _____ | () | () |
| 9. Does inspection of interior have to be conducted to see if serious hazards exist?
If yes, full entry program is required. | () | () |
| 10.a. Will frequent or periodic atmospheric testing be performed? | () | () |
| 10.b. Who is to perform frequent or periodic testing? _____ | | |

Complete Back Page

