**Alternative Procedures Worksheet**

**This worksheet is intended to provide written certification that the permit space qualifies for alternative procedures. It also verifies that the space is safe for entry. Any documentation related to the certification process should be kept with this sheet.**

Permit Space Location:

What is the size (volume) and configuration of the space?

What tasks are to be performed during the entry operation?

| **Questions Table One** | **Yes** | **No** |
| --- | --- | --- |
| Have employees received permit space training? |  |  |
| Has the certifier received permit space training? |  |  |
| Is a hazardous atmosphere the only hazard of concern? |  |  |
| If the answer to any of the above questions is no, alternative procedures cannot be used. | | |
| Does the atmospheric hazard in the space have the potential to create high temperatures or high pressures? |  |  |
| If the answer to the above question is yes, take appropriate action before removing cover. | | |
| Are conditions safe to remove cover? |  |  |
| If the answer to the above question is no, cover removal is prohibited | | |
| After cover removal, is opening properly guarded? |  |  |
| List guarding methods: | | |
| Is continuous forced air ventilation provided? |  |  |
| If no, explain why. If yes, explain capacity (CFM) air exchange rate: | | |
| Record minimum ventilation duration prior to allowing entry: | | |
| Is atmospheric testing equipment calibrated? |  |  |
| Date of calibration: | | |

| **Atmospheric Testing Record** | | |
| --- | --- | --- |
| Substance | Acceptable Level | Readings |
| Oxygen | 19.5% ‑ 23.5% |  |
| Explosive (Gas/Vapor) | <10% LFL |  |
| Explosive Dust | <LFL (5 ft. Visibility) |  |
| Carbon Monoxide | 50 PPM |  |
| Hydrogen Sulfide | 10 PPM |  |

| **Questions Table Two** | **Yes** | **No** |
| --- | --- | --- |
| Does the interior have to be inspected to see if other hazards exist? |  |  |
| If yes, a full entry program is required. |  |  |
| Is frequent or periodic testing performed? If no, explain why: |  |  |
| Who is to perform frequent or periodic monitoring?: |  |  |
| If a hazardous atmosphere is detected during entry, have employees been instructed to evacuate immediately? |  |  |
| Is there a procedure to reevaluate the space if a hazardous atmosphere does develop?  Describe procedure: |  |  |
| Are steps in place to prevent employees from re-entering the space until it is proven to  be safe? List Steps: |  |  |
| Have employees had the opportunity to review the data to support use of alternative procedures? |  |  |

Signature of Certifying Head

Date