

**Bainbridge Island Metropolitan Park & Recreation District**

**CONFINED SPACE SAFETY PROGRAM**

**ALTERNATE ENTRY PROCEDURE FORM  
(ATMOSPHERIC HAZARDS)**

This alternate entry procedure is to be used to verify that the hazards have been eliminated and the permit-required confined space is safe for entry while continuous forced-air ventilation is used to control the actual or potential hazardous atmosphere. This form serves as a supplement to the Confined Space Entry Permit that will determine in the initial entry to the confined space whether this alternate entry procedure can be utilized.

Specify Confined Space: \_\_\_\_\_ Site Location: \_\_\_\_\_

Direct-reading instrument carried by employee in confined space: \_\_\_\_\_

Date of calibration: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Serial number: \_\_\_\_\_

Blower set up and started at (time): \_\_\_\_\_

Other (specify) \_\_\_\_\_

Entrant or attendant should complete and initial below atmospheric tests that are made. (Atmospheric tests should be made from outside the space and must be done prior to each entry).

Substance:	Acceptable level:	Date/Time/Reading/By:	Date/Time/Reading/By:	Date/Time/Reading/By:
Oxygen	19.5% -23.5%	/ / /	/ / /	/ / /
Explosive gas/vapor	<10% LEL	/ / /	/ / /	/ / /
Explosive dust	<LEL (5' visibility)	/ / /	/ / /	/ / /
Carbon monoxide	<35 ppm	/ / /	/ / /	/ / /
Hydrogen sulfide	<10 ppm	/ / /	/ / /	/ / /
Other:		/ / /	/ / /	/ / /

I have received general Confined Space training and specific training for proper Alternate Entry Procedures for this Permit-Required Confined Space. I understand the necessary conditions and procedures for this space and certify that they have been fulfilled.

Date of entry	Name of entrant	Initials:	Name of attendant:	Initials