Idaho State University Environmental Health, Safety, and Sustainability 921 South 8th Avenue, Stop 8042

Pocatello, Idaho 83209-8042 208-282-2310

Appendix D Alternate Entry Form (Effective 12-2020)

<u>h</u>	ttps://www	v.is	<u>u.edu/ehs/</u>								
Instructions:	This for	m 1	must be co	mplete	ed prior t	o ente	ring	a Pern	nit Requ	ired Confi	ined Space.
Completed f											
A copy of the										ntry and re	tained for a
minimum of		Re	ter to section	1 8.0 c	of the Plan	tor En	try I	Procedu			
Reason for I		Date:									
Location:											
Space Descr											
List all known atmospheric hazards											
associated with the confined space:											
List all potential atmospheric hazards that will be introduced by the planned											
work:											
Will forced air ventilation be required:											
Will forced	an ventna	.1011	be required	•		, <u>,</u>		110			
Air Monitori	ing Result	s:									
Attendant will monitor			□ T '.' 1		☐ Every				☐ Continuously		
air:											
Device		N	Model No./Serial		Calibration		D.,	Dra galibrata		by: Notes	
Manufacturer			No.		Due Date		Pre-calibrated l		ated by:		
	~ 1								~		
Time:	-		\square O ₂	(T. T				\square H ₂			
			(19.5% -	`	EL/LFL	(<2	`	NIT:	atification	☐ Other	
			23.5%)		(10%)	ppn	1)	ppm)		

Personnel Entry and Exit Record (to be completed as needed before and during work) Entrant's Entrant's Entrant's Entrant's **Attendant** Entrant's Name Name Name Name Name Name Time In: Time Out: Time In: Time Out: Time In: Time Out **Notes: Confirmation** (Must be signed by the Confined Space Supervisor <u>before</u> work begins) I confirm that the named Permit Required Confined Space and the planned work qualify for alternate entry. Name: Time: Signature: Date: