

Alternate entry form

Location of space:			
Entry date:		Duration of entry:	

List entrants' names

List physical hazards in the space	List atmospheric hazards in the space

List each action taken to eliminate physical and atmospheric hazards in the space

Action	Description

Ventilation

Is ventilation required? Yes No

If "Yes," type of ventilation: _____ Amount of ventilation (cfm or AC/hr) _____

Air monitoring

Substance monitored	Unit	Permissible levels	Monitoring results	
			Initial test	Peak reading during entry

Instruments used for air monitoring

Model # or type:	Calibration (or bump test) date:

Additional notes about the space and entry (including whether evacuation was necessary)

Person responsible for ensuring the space is safe to enter

Name: _____ Job title: _____

Signature: _____