

# 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?	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
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)

<b>Person responsible for ensuring the space is safe to enter</b>	
Name:	Job title:
Signature:	