## Confined Space Program Permit Space Alternate Procedure Checklist

# University of Idaho Environmental Health and Safety

Location:	I.D
Description of space:	If entry into this space is not
Department responsible:	made during time specified, a new checklist must be
Description of work to be performed:	completed prior to entry.
Checklist is valid from: To:	
PREPARATIONS	
<ol> <li>Has the size (volume) and configuration of the space been determined prior to e</li> </ol>	YES NO entry?() ()
2.a. Have persons involved in entry operations received permit-space training?	() ()
2.b. Has the certifier received permit-space training?	() ()
3.a. What tasks are to be performed during the entry operation?	
3.b. Is a hazardous atmosphere the only serious hazard of concern? If no, alternative procedures cannot be used unless all other serious hazar documented using the reclassification checklist.	() () rds are eliminated and
<ol> <li>Does the atmospheric hazard in the space have the potential to create high temperatures or high pressures?</li> <li>If yes, take appropriate action before removing cover.</li> </ol>	() ()
<ol> <li>Are conditions safe to remove cover? If no, cover removal is prohibited.</li> </ol>	() ()
6. After cover removal, is opening properly guarded?	() ()
7.a. Will continuous forced air ventilation be provided? If no, explain why:	() ()
If yes, explain capacity (CFM) air exchange rate:	
7.b. Minimum ventilation duration prior to allowing entry: (Conduct pre-entry atmospheric testing and continue to ventilate the space of	luring the entire entry operation)
8. Is atmospheric testing equipment calibrated? Date of calibration:	() ()
<ol> <li>Does inspection of interior have to be conducted to see if serious hazards exist? If yes, full entry program is required.</li> </ol>	() ()
10.a. Will frequent or periodic atmospheric testing be performed?	() ()
10.b. Who is to perform frequent or periodic testing?	
Complete Back Page	

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- YES NO ()
- 11. If a hazardous atmosphere is detected during entry, have all persons involved in entry operations () been instructed to evacuate the space immediately? If no, instruct employees of this safety precaution measure and the need to prohibit re-entry back into this space using alternative procedures until the space has been re-evaluated by authorized and qualified personnel.
- 12. Specify any personal protective equipment or additional precautions necessary to ensure the safety of entrant(s):

ATMOSPHERIC TESTING										
			N/A=Not Applicable	e REQ=Requir	ed C	COM=Comple	eted			
N/A	REQ				N/A	REQ				
()	()	Continuous	Monitoring		( )	( )	Periodic M	lonitoring		
N/A	REQ	СОМ		Allowable Limits T	ime:					
( )	( )	( )	Oxygen Level	19.5%-23.5%		%	%	%	%	
( )	( )	( )	Flammability	10% LEL (CH <sub>4</sub> )		%	%	%	%	
( )	( )	( )	Hydrogen Sulfide	10 PPM		ppm	ppm	ppm	ppm	
( )	( )	( )	Carbon Monoxide	35 PPM		ppm	ppm	ppm	ppm	
( )	( )	( )	Toxic Specify:		_	ppm	ppm	ppm	ppm	
( )	( )	( )	Temperature: (Ensure breaks are taken and available)			□F	□F	□F	□F	

Name/Dept of employee(s) conducting testing (Please Print) \_\_\_\_\_\_

Signature of Certifying Individual

A copy of this completed form must remain onsite during operations.

Date

#### Page 2 of 2

University of Idaho Environmental Health and Safety