



NATIONAL ACCELERATOR LABORATORY

ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 6: [Confined Space](#)

Alternate Entry Form

Product ID: [162](#) | Revision ID: 2164 | Date Published: 30 March 2020 | Date Effective: 30 March 2020

URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/confinedFormAlt.pdf> | [docx](#)

This form is available in the following formats:

1. Adobe Acrobat (pdf) (attached)
2. Microsoft Word ([docx](#))

A generic version, for use by construction subcontractors who do not have their own equivalent form, is also available:

1. Adobe Acrobat ([pdf](#))
2. Microsoft Word ([docx](#))



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Applicability. This form applies to the entry of a permit-required confined space (PRCS) in which **the only hazard is atmospheric** and this hazard can be controlled and the space maintained safe for entry with continuous forced air ventilation (per [8 CCR 5157 \[c\]\[5\]](#)). If conditions do not meet these requirements or for more information, see [Confined Space: Entry Procedures](#) (SLAC-I-730-0A21C-007).

Instructions. This form must be completed before anyone enters the space and kept at or near the entrance to the space during the entry. Forms must be sent to the confined space program manager (M/S 22) once work is completed and retained for a minimum of one year. To ensure entry conditions are acceptable, this form is good for one day only. For work lasting more than one day, a separate form is needed for each day's work.

Confined Space

Reason for entry:	Entry date:
Location:	
Space description:	
List all known atmospheric hazards associated with the confined space:	
List all potential atmospheric hazards that will be introduced by the planned work:	
Forced air ventilation required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Air Monitoring Results

Attendant will sample air <input type="checkbox"/> Initially <input type="checkbox"/> Every _____ minutes <input type="checkbox"/> Continuously							
Device			Sequence or serial number	Calibration due date	Pre-use check performed by	Notes	
Time	Sampled by	<input type="checkbox"/> O ₂ (19.5–23.5%)	<input type="checkbox"/> (LEL/LFL <10%)	<input type="checkbox"/> CO (<25 ppm)	<input type="checkbox"/> H ₂ S (<10 ppm)	<input type="checkbox"/> Stratification	<input type="checkbox"/> Other:

Personnel Entry and Exit Record *(to be completed as needed before and during work)*

Attendant name:	Entrant name:	Entrant name:	Entrant name:	Entrant name:	Entrant name:	Entrant name:
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						
Time in						
Time out						

Notes:

Confirmation *(must be signed by the confined space entry supervisor before work begins)*

I confirm that the named PRCS and the planned work qualify for alternate entry.	
Name:	
Signature:	Date: