

ALTERNATE ENTRY COMPLETE SECTIONS: 1,2,3,4,5,6,9,10,11,12,  
13,14,15,16A (For Permit Space complete all sections)  
CONTRACTOR PRE/POST DEBRIEF COMPLETE:1,2,3,10,11,12,16,17

**1. Location / Map # / Space**

2.	<input type="checkbox"/> Permit	<input type="checkbox"/> <b>Alternate Procedure Space</b>
3.	<b>Description of Space/Hazards:</b>	4. Date Issued: _____ Time Issued: _____
		5. Date Expires: _____ Time Expires: _____
6.	<b>Purpose of Entry:</b>	

**7. NAME(S) OF EMPLOYEE(S) ENTERING THE WORK SPACE:**


**8. NAME(S) OF SAFETY ATTENDANT(S) – NOTE: Alternate Procedure does NOT require Rescue Device**

• Name: \_\_\_\_\_ / Name: \_\_\_\_\_

**NOTIFY PUBLIC SAFETY DISPATCH AT 971-722-4902 (non-emergency line) THAT A CONFINED SPACE ENTRY IS TO OCCUR; THEN CALL PUBLIC SAFETY AGAIN ONCE ALL ENTRANTS ARE OUT OF THE CONFINED SPACE.**

**9. AUTHORIZING ENTRY SUPERVISOR**

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

10. HAZARDS	11. CONTROLS <sup>1</sup>	Req'd	DONE?	12. EQUIPMENT	Req'd
Pre-opening Hazards	HATCH OPENING – GUARD WITH PERSONNEL OR PORTABLE RAILS			Hard Hat	
Oxygen Deficiency	MECHANICAL VENTILATION			Boots	
Flammable Atmosphere	MECHANICAL VENTILATION			Safety Glasses	
Toxic Atmosphere	MECHANICAL VENTILATION			Hearing Protection	
Hazardous Energy	LIST IN SECTION 16A.			Goggles	
Engulfment				Coveralls	
Entrapping Shape				Gloves	
Falls				Respirator	
Falling Objects				Fall Protection	
Hot environment				Rescue Device	
Chemical	SDSs attached to permit and posted			Fire Extinguisher	
Welding				Ladder	
Electrical Work				Communication devices	
Special Cleaning				Lighting	
Sand Blasting				Scaffolds	
				Guard rails	

**13. AIR MONITORING: “BUMP” Test done by: \_\_\_\_\_ DATE/TIME \_\_\_\_\_**

**14. INSTRUMENT: MSA ALTAIR 4X S/N: \_\_\_\_\_**

Contaminant	Entry Limits	Levels of Exposure	TIME	TIME	TIME	TIME	TIME
% Oxygen	19.5%-23.5%						
% LEL	<10%						
Toxic Vapors	CO <25ppm, H2S <5ppm						

Note: Initial test(s) must be conducted prior to entry to verify space conditions. Note air concentrations prior to entry and after. The Entrant shall wear the monitor to ensure that continuous air monitoring is done.

<sup>1</sup> For additional information see accompanying page.

In case of **EMERGENCY MEDICAL NEEDS:**  
**Call PCC PUBLIC SAFETY EMERGENCY AT 971-722-4444**

**15. LIST ANY CONDITION THAT REQUIRES EVACUATION OF THE SPACE, AS APPLICABLE**

- Air monitor alarm – air quality not acceptable;
- Ventilation blower stops blowing air into the space;
- OTHER – List (may use back of sheet➔):

**16. ADDITIONAL DOCUMENTATION OF HAZARD CONTROLS**

**A. Isolation: Lockout/Tagout Procedures Required**

List each source of hazardous energy in the space and procedure for lockout:

**B. Rescue Equipment: Tripod, Winch, and Fall Arrest Harness Pre-Use Inspection**

Print name(s) of employee(s) performing the pre-inspection and affix signature(s):

1) \_\_\_\_\_; Signature: \_\_\_\_\_

2) \_\_\_\_\_; Signature: \_\_\_\_\_

**C. Controls needed for Hazardous Work:**

List all controls used for hazards introduced into the space (may use back of sheet➔):

**17. MANDATORY IF WORK DONE BY CONTRACTOR – Pre-Brief and Post Entry Debrief**

CONTRACTOR NAME (*print*): \_\_\_\_\_ DATE: \_\_\_\_\_

CONTRACTOR'S SIGNATURE: \_\_\_\_\_

- List Potential Hazards (see Sections 3 and 10, page 1):
- List all hazard controls used (see Sections 11 and 12, page 1):
- Debrief from Contractor — List any hazards encountered during entry:
- Debrief from Contractor — List any hazards created by the operations:
- Debrief from Contractor — Was the permit cancelled for any reason? If so, why?

**PCC Project Entry Supervisor certifies that permit was completed and closed:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_