



Alternate Procedures for Entering a Permit-Required Confined Space

HAZARD ELIMINATION CERTIFICATE

Space Location: _____

Hazardous Atmosphere Only

Continuous Forced Air Ventilation Is In Use

Confined Space Meter Bump Tested Prior to Entry

Air Tester: _____
(Printed Name and Signature)

ATMOSPHERIC CONDITIONS

Tests to be Taken	Acceptable Entry Conditions	Test #	Initial (1)	2	3	4
	PEL	Time				
% of Oxygen	>19.5% and <23.5%					
% of LEL	<10%					
Carbon Monoxide	<35 ppm					
Hydrogen Sulfide	<10 ppm					
Toxics	No Alarm					
Other						

Tests to be Taken	Acceptable Entry Conditions	Test #	5	6	7	8
	PEL	Time				
% of Oxygen	>19.5% and <23.5%					
% of LEL	<10%					
Carbon Monoxide	<35 ppm					
Hydrogen Sulfide	<10 ppm					
Toxics	No Alarm					
Other						

I certify that all air hazards are eliminated and that all confined space entry procedures will be followed.

Project Supervisor: _____
(Printed Name and Signature)

Date: _____ Time: _____

This confined space may only be entered upon completion of this tag.