

**Town of Rocky Hill
Highway Department**

Alternate Entry of Catch Basin

- 1) Location of Space: _____
 2) Entry Date: _____
 3) Duration of Entry: _____

| List Physical Hazards: | List Atmospheric Hazards: |
|-------------------------------|----------------------------------|
| 1) | 1) |
| 2) | 2) |
| 3) | 3) |
| 4) | 4) |
| 5) | 5) |

| List each action taken to eliminate all hazards in space: |
|--|
| 1) |
| 2) |
| 3) |
| 4) |
| 5) |

Is ventilation required? YES NO

If yes, what type? _____

Amount (cfm-AChr): _____

| <u>Air Monitoring Results:</u> | | | | | |
|---------------------------------------|-------------|---------------------------|---------------------|----------------------------------|--|
| Substance Monitored | Unit | Permissible Levels | Initial Test | Peak Reading During Entry | |
| | | | | | |
| | | | | | |
| | | | | | |

Instruments Used: _____

Calibration Date: _____

Responsible Person: _____

Title & Date: _____