

**Emergency Numbers:**  
**COLUMBIA FIRE: 911**  
**CF SAFETY: 573-884-3224**  
**CF Communications: 573-882-3301**  
**EHS: 573-882-7018**

*Do NOT Destroy This Permit  
 After Cancellation, This Entry Permit  
 Must be Retained by Supervisor  
 For at Least One Year*

**CONFINED SPACE ENTRY PERMIT**

Location of  
 Confined Space \_\_\_\_\_

Purpose  
 of Entry \_\_\_\_\_

Date of Entry \_\_\_\_\_ Authorized Duration  
 of Entry Permit \_\_\_\_\_

Authorized Entrants \_\_\_\_\_  
 \_\_\_\_\_

Attendants \_\_\_\_\_

Entry Coordinator \_\_\_\_\_  
 Authorizing Entry \_\_\_\_\_  
 Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

Record Hazards of the Permit Space to be Entered				Check or list the measures used to isolate the permit space and to eliminate or control permit space hazards before entry.
Hazard	Yes	No	N/A	
Lack of Oxygen				Purge-Flush and Vent
Oxygen Enrichment				Ventilation
Combustible Gases/Vapors				Lockout/Tag Out
Toxic Gases/Vapors				Inerting
Chemical Contact				Blanking, Blocking, Bleeding
Electrical Hazards				External Barricades
Mechanical Hazards				Confined Space Identification/Signs
Temperature				
Engulfment				
Entrapment				
Others				

Test(s) To Be Taken	Permissible Entry Levels	Readings: Test 1	Test 2	Test 3	Test 4
Percent of Oxygen	19.5% to 23.5%				
Combustibles	<10% LEL				
Carbon Monoxide	≤ 35 ppm				
Hydrogen Sulfide	≤ 20 ppm				
Ammonia	25 to 50 ppm				
Chlorine	.5 to 1 ppm				
Name or Initials of Tester _____					
Test Times _____					

Equipment Supplied to the employee		Equipment	Description
Yes	No	N/A	
		(i) Gas Test and Monitoring	Name _____ Model/Type _____ Serial/Unit No. _____
		(ii) Ventilating	
		(iii) Communications	
		(iv) Personal Protective Equipment	<input type="checkbox"/> Safety Harness <input type="checkbox"/> Hard Hats <input type="checkbox"/> Hand <input type="checkbox"/> With Life Lines <input type="checkbox"/> Eye <input type="checkbox"/> Foot <input type="checkbox"/> Respiratory <input type="checkbox"/> Ear <input type="checkbox"/> Clothing <input type="checkbox"/> Face
		(v) Lighting	
		(vi) Barriers/Shields	<input type="checkbox"/> Pedestrian <input type="checkbox"/> Vehicle <input type="checkbox"/> Other
		(vii) Safe Ingress/Egress	<input type="checkbox"/> Ladders
	Radio Service Desk to call 911	(viii) Rescue and Emergency	<input type="checkbox"/> Lifelines <input type="checkbox"/> Hoists <input type="checkbox"/> Resuscitators-Inhalator
		(ix) Other Safety Equipment	

**THIS CONFINED SPACE ENTRY PERMIT HAS BEEN CANCELLED:**

By \_\_\_\_\_ AM/PM \_\_\_\_\_  
 Entry Permit Coordinator Time Date