





4.30	Safety Attendant (Confined Spaces) - criteria .....	24
4.31	Safety Attendant (Confined Spaces) – role .....	24
4.35	Safety Attendant (Confined Spaces) – duties.....	25
4.36	Work Team (Confined Spaces) - criteria .....	25
4.37	Work Team (Confined Spaces) – role .....	25
4.40	Work Team (Confined Spaces) – duties.....	26
<b>5.</b>	<b>Confined Space entry procedures .....</b>	<b>27</b>
5.1	General.....	27
5.2	Risk assessment .....	27
5.8	Determining the level of control .....	27
5.10	Standing Instructions.....	28
5.11	Procedure for entry under a Standing Instruction .....	28
5.15	Safe System of Work.....	30
5.21	Permit-to-Work (Confined Spaces).....	32
5.27	Procedure for entry under a Permit-to-Work (Confined Spaces) .....	32
5.31	Issue of Permit-to-Work (Confined Spaces) .....	33
5.36	Receipt of Permit-to-Work (Confined Spaces).....	34
5.41	Closure of Permit-to-Work (Confined Spaces) .....	34
5.42	Cancellation of Permit-to-Work (Confined Spaces) and filing of records	35
<b>6.</b>	<b>Training .....</b>	<b>39</b>
6.1	Introduction.....	39
<b>7.</b>	<b>Audits, monitoring and inspections .....</b>	<b>43</b>
7.1	General.....	43
7.4	Monitoring.....	43
7.5	Auditing .....	43
7.6	Audit Reports and Action Plans.....	43
7.7	Monitoring by the Authorising Engineer or Designated Person (Confined Spaces).....	44
7.9	Monitoring by the Authorised Person (Confined Spaces).....	44
7.10	Review by the Authorising Engineer (where appointed).....	44
<b>8.</b>	<b>Medical requirements .....</b>	<b>45</b>
8.1	General.....	45
8.3	Bacterial and viral infection.....	45
8.6	Medical examinations and medical surveillance.....	46
	<b>Appendix 1: Model Forms .....</b>	<b>47</b>
	<b>Further reading .....</b>	<b>67</b>



















inspection;

- underground service tunnels and cable ducts where a specified hazard exists;
- all foul and storm water sewerage systems
- tanks.

2.6 The Controls and guidance that cover entry into Permanent Confined Spaces are set out in [Section 5](#).

2.7 Some places which fall within the definition of a confined space may be so only occasionally, perhaps due to the type of work to be undertaken, for example, a room during spray painting. Also, a confined space may not necessarily be enclosed on all sides. Some confined spaces, for example vats or silos may have open tops. Places not usually considered to be confined spaces may become confined spaces because of a change in the condition inside or a change in the degree of enclosure or confinement, which may occur intermittently. Regulations in any of these spaces will depend on the presence of a reasonably foreseeable risk of serious injury.

2.8 No person shall enter a confined space to carry out work for any purpose unless it is not reasonably practicable to achieve that purpose without such entry. Employers have a duty to prevent employees, or others who are to any extent within the employer's control, such as contractors, from entering or working inside a confined space where it is reasonably practicable to undertake the work without entering the space. Similarly, the self-employed should not enter or work inside a confined space where it is reasonably practicable to undertake the work without entering it.









































- 5.17 Where the Authorised Person (Confined Spaces) prepares a Safe System of Work it is to be checked, approved and countersigned by a second Authorised Person (Confined Spaces) or the Authorising Engineer or Designated Person (Confined Spaces).
- 5.18 The Safe System of Work should include the following:
- a description of the confined space;
  - the precise site details and access;
  - a description of the work to be carried out including reinstatement work;
  - the plant and equipment being taken out of service (where applicable);
  - arrangements for isolation from gases, liquids and flowing materials (if applicable);
  - arrangements for isolation from mechanical and electrical equipment (if applicable);
  - details of associated hazards;
  - methods of reducing risk;
  - methods of ventilation, cleaning and purging of the confined space;
  - the expected date on which the task is to commence and the proposed duration;
  - a schematic diagram of the isolation, venting and testing arrangements;
  - the method of communication;
  - the emergency procedures and rescue arrangements;
  - any other special instructions and/or safety measures.
- 5.19 The sequence of operations within the Safe System of Work should describe how the risks are minimised prior to the commencement of the works. The operations should follow a logical sequence and incorporate all necessary safety operations including, but not restricted to, the following:
- **Planning the work:** Communicating with all interested parties, obtaining permission to proceed and assessing the requirements of the task in detail. Preparing a Safety Programme and carrying out any preparatory works;
  - **Prepare an emergency rescue procedure:** obtain the name of the person in charge of any emergency rescue operations and the appropriate emergency telephone numbers;
  - **Isolate:** Ensuring that all mechanical and electrical equipment is isolated and steps have been taken to prevent ingress of liquids, free-flowing solids, gases, vapour or fumes;
  - **Ventilate:** ensuring that the Confined Space is well ventilated by natural or mechanical means;
  - **Drain:** where necessary, arrange for the Confined Space to be drained of











instruments from the place of work;

- advise all persons under his/her control that they are no longer permitted to enter the confined space;
- take steps to prevent further access to the confined space and otherwise make the site safe;
- report to the Authorised Person (Confined Spaces) recording that work has been stopped and the point of work has been made safe;
- where work has stopped, review the safety documentation prior to issue of a new Permit-to-Work;
- return the original Permit-to-Work (Confined Spaces) to the Authorised Person (Confined Spaces).

5.45 In the above circumstances the Authorised Person (Confined Spaces) should:

- complete Part 4 on the duplicate copy recording that the work has been stopped;
- record the reasons for the stoppage;
- deface the original copy of the Permit-to-Work (Confined Spaces) as previously described;
- record the circumstances in the Confined Spaces Operations Record.

**Note:** No work may recommence without a review of the Risk Assessment, Standing Instruction or Safe System of Work prior to the issue of a new Permit-to-Work (Confined Spaces).

































## Model Form 2 continued

Date and time of operation	Event or operation and reason	Name and signature of AP

**Rule off after each entry.**

















<b>Hazards Involved in Activity</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Toxic gases / vapours			
2. Explosive / Flammable substances			
3. Oxygen deficiency / Enrichment			
4. Chemical contaminants or residues			
5. Scale, Rust or Sludge			
6. Gases / Fumes generated from work			
7. Poor lighting			
8. Restricted access / egress			
9. Flooring due to weather or uncontrolled ingress from other source			
10. Work activity more than 3 minutes from point of egress			
11. Poor structural condition of access ladders, etc			
12. Poor communication with man above ground			
13. Danger of contact with live electrical conductors			
14. High temperatures			
15. Asbestos			
16. Excessive noise			
17. Manual Handling			
18. Other			

<b>The Risk(s) Remaining (After Existing Control Measures). If there are none, or the residual risks are acceptable, write “Controls Adequate”.</b>	<b>Risk Rating</b>  Severity x Likelihood = Rating
<b>Additional Controls Required</b>	
<b>Additional Control Agreed (Yes/No)</b>  Signature: _____ Designation: (Duty Holder) _____	
<b>Duty Holder assessment approval:</b>  Controls Effective: Yes/No Risk Rating: Comments:  Name: _____ Signature: _____ Date: _____	
<b>Review Details:</b>  Review Date: _____ Review Completed: _____ Comments:          Signature: _____ Date: _____	

## Model Form 9

### Safe System of Work

Confined Space Area	SSW No. Associated Risk Assessment No.
Reasons for Entry:	Date:
Who is supervising the task (name)?	Are they competent and physically able to do the task?
Who will be accessing the confined space (names)?	Are they competent and physically able to do the task?
Detail Communication being used.	
Detail lighting to be used.	
Testing/monitoring the atmosphere – by whom and using what method?	
Gas purging – is it required?	
Ventilation – is it required?	
Removal of Residuals – is it possible?	
Isolation from Gases, Liquids and other Flowing Material – how is this going to be achieved?	Isolation from Mechanical and Electrical Equipment – how is this going to be achieved?
Selection of Suitable Equipment.	PPE and Respiratory Equipment
Portable Gas Cylinders and Combustion Engines – are they required?	
Gas Supplied by Pipes/Hoses – are they required?	
Access and Egress – how?	

Static Electricity – is this present?	
Lighting – how?	
Emergency and Rescue – what arrangements are in place? Include means of summoning assistance, rescue team and confirm availability of Rescue Equipment etc. List equipment available. <b>(Inform Emergency Services at Entry)</b>	
Limited Working Time - does working time need to be limited?	
Other comments	
Signed by	Accepted by on behalf of Organisation

## Model Form 10

### Confined Spaces Permit to Work

#### Hospital:

Location of confined space: \_\_\_\_\_

Order No. \_\_\_\_\_

Permit to Work issued (date) \_\_\_\_\_

**CATEGORY OF CONFINED SPACE      HIGH RISK      MEDIUM RISK      LOW RISK**

Reason for entry/work:
List known hazards:
Names of individuals in work team:
Has the competency of the work team been checked?    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>I hereby declare</b> that the conditions of the permit have been made known to the person in charge of the work and the above mentioned area is ready for operations to commence.
Signed: _____ Authorised Person:
Date: _____ Time: _____
<b>ACCEPTANCE OF PERMIT by person in charge</b>
I acknowledge receipt and the contents of this permit to work and understand that the precautions of this and other associated permits for the specific work activities and neither I nor men under my control shall work on any other activity than that specified on this permit.
Signed: _____
Person in Charge of Work: _____
Date: _____ Time: _____
Expected duration of task:
Starting at: _____
On (date) _____

<b>Checklist:</b>			
Have all inflows been stopped or diverted?	Yes	No	N/A
Have all plant/equipment/utilities been isolated/locked out?	Yes	No	N/A
Are special precautions or equipment required?	Yes	No	N/A
Are warning signs/barriers in place?	Yes	No	N/A
Cleansing purging inerting complete?	Yes	No	N/A
Is forced ventilation in place and working?	Yes	No	N/A
Lighting installed?	Yes	No	N/A
Safety & protective equipment examined?	Yes	No	N/A
Emergency rescue procedures in place?	Yes	No	N/A
Rescue Services informed?	Yes	No	N/A
Safety method statement attached?	Yes	No	N/A
Other permits required?	Yes	No	N/A

<p><b>Clearance by person in charge of work</b></p> <p>I declare that the work is complete, the area inspected and all potential sources of harm, removed including redundant equipment:</p> <p>Signed: _____</p> <p>Person in charge:</p> <p>Date: _____ Time: _____</p>
<p><b>Cancellation by Authorised Person</b></p> <p>I declare that this permit is cancelled, that I have received the copies of the permit back from the competent person and that the area has been inspected and is free from potential sources of harm.</p> <p><b>All other associated permits must be cancelled before signing.</b></p> <p>Signed: _____</p> <p>Authorised Person: _____</p> <p>Date: _____ Time: _____</p>



## Model Form 11

### Sample letter to Occupational Health Service

#### Maintenance Management Organisation

Street Name : \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Post code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Date: \_\_\_\_\_

To: Occupational Health Service

Our ref: \_\_\_\_\_

Your ref: \_\_\_\_\_

**Person's Name:** \_\_\_\_\_

#### Assessment of medical fitness to work in confined spaces and to wear breathing apparatus.

The above named member of our staff has been selected to undertake the duties detailed below that may require him or her, from time to time, to enter and work in Confined Spaces.

*Insert information here on the type of confined space and associated risks.*

This work will/will not\* require the individual to wear breathing apparatus.

In order for us to satisfy ourselves that the above named person is fit to undertake these duties, I should be grateful if you would undertake a medical assessment.

I would be grateful if you could advise me of your finding, on completion of your examination.

(Signed) \_\_\_\_\_

Estates Manager

\* Strike through as appropriate

## Model Form 12

### Sample Pro-Forma to attach to letter to Occupational Health Service

Dear Sir/Madam,

#### Assessment of medical fitness to work in confined spaces and to wear breathing apparatus

I confirm that I have undertaken a medical examination of \_\_\_\_\_<sup>1</sup>  
on \_\_\_\_\_<sup>2</sup> as requested in your referral letter dated \_\_\_\_\_<sup>3</sup>

I consider the individual **fit/unfit**<sup>4</sup> to enter and work in Confined Spaces, wearing breathing apparatus, personal protective clothing and respiratory equipment as required excluding/including<sup>4</sup> the use of air-fed breathing apparatus.

\_\_\_\_\_  
5

<sup>1</sup> Name of Patient

<sup>2</sup> Date of Medical Examination

<sup>3</sup> Date of referral letter

<sup>4</sup> Strike through as appropriate

<sup>5</sup> Signature of Occupational Health

## Further reading

---

**The Control of Substances Hazardous to Health Regulations 2002** (COSHH);

**Control of Lead at Work Regulations 1998;**

**The Electricity at Work Regulations 1989;**

**The Provision and Use of Work Equipment Regulations 1992** (HSE ACoP ISBN 0 11 886332 0);

**Safe work in confined spaces, Approved Code of Practice and Guidance** HSE ACoP L101;

**The Control of Asbestos at Work Regulations 2006;**

**The Noise at Work Regulations 1989;**

**Ionising Radiation Regulations 1999;**

**The Construction (Design and Management) Regulations 2007** and the **Construction (Health, Safety and Welfare) Regulations 2006**, (see HSE ACoP L54 'Managing Construction Health and Safety', The **Workplace (Health, Safety and Welfare) Regulations 1992**;

**The Personal Protective Equipment at Work Regulations 1992**, (see HSE ACoP 'Personal Protective Equipment at Work, ISBN 0 11 886334 7);

**Safe work in confined spaces** INDG 258;  
<http://www.hse.gov.uk/pubns/indg258.pdf>

Working with sewage, the Health Hazards. A guide for employees INDG 197;  
<http://www.hse.gov.uk/pubns/indg197.pdf>

**Working with sewage, the Health Hazards.** A guide for employers INDG 198;  
<http://www.hse.gov.uk/pubns/indg198.htm>

**Leptospirosis - are you at risk?** IND(G)84L;  
<http://www.hse.gov.uk/pubns/indg84.pdf>

**A short guide to the Personal Protective Equipment at Work Regulations** IND(G)174L; <http://www.hse.gov.uk/pubns/indg174.pdf>

**Provision and Use of Work Equipment Regulations 1998;**

**Workplace (Health, Safety and Welfare) Regulations 1992.**