

NHS Lothian Estates Dept Confined Spaces Standard Operating Procedure Appendices



Appendices

Standard forms shall be in accordance with SHTM 08-07.

Form 1 – Confined Spaces Register

Form 2 – Confined Spaces Operations Record

Form 3 – Confined Spaces Equipment Register & Information Record

Form 4 – Confined Spaces Equipment Inspection Record

Form 5 – Confined Spaces Key Register

Form 6 – Key Tallies and Safety Signs

Form 7 – Leptospirosis Warning Card

Form 8 – Confined Spaces Risk Assessment Form

Form 9 – Confined Spaces Safe System of Work

Form 10 – Confined Spaces Permit-to-Work

Form 11 – Sample Letter to Occupational Health Service

Form 12 – Sample Pro-Forma to attach to Letter to Occupational Health Service

Form 2 – Confined Spaces Operations RecordConfined Spaces Operations Record

This Confined Spaces Operations Record is to be kept in the Confined Spaces Document centre.

Rules for the upkeep of the Confined Spaces Operations Record

- only one Confined Spaces Operations Record (CSOR) is to be in use for each site, location or geographical area, as determined by the AE(CS);
- entries are to be made in chronological order, and are to be ruled off after each entry. Entries are to include:
 - the issue and cancellation of each Permit to Work;
 - the loss of a Permit to Work;
 - the change in conditions inside a Confined Space, whilst a Permit is open;
 - the withdrawal of a Permit to Work; the issue and return of a key from the Working Key Cabinet;
 - details of any Dangerous Occurrence connected with Confined Space working;
 - issue and cancellation of each Standing Instruction;
 - on arrival, the name of the person assuming AP (CS)'s duties, arrival and departure times and the reason for the visit; and
 - on departure, an accurate record of the operations that have been undertaken, and a record of any important points that may be useful to other Authorised Persons who may be called to complete a programme of work.

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

Form 3 – Confined Spaces Equipment Register & Information Record

Confined spaces equipment register

Item description	Identification number	Serial number	How marked	Calibration method

Form 4 – Confined Spaces Equipment Inspection Record

Confined Spaces Equipment Inspection Record

Inspection record for (item description)	
Serial/identification number/markings	
Inspection frequency	



Date examined	Signature of examiner	Remarks	Next due

Form 5 – Confined Spaces Key Register



Confined Spaces Key Register

Date & time of issue	Key number	To give entry into	Name of person drawing key	Signature	Contact tel no.	Date & time of return	AP initials



Form 6 – Key Tallies and Safety Signs

	Warning - This key controls access to a Potential Confined Area or Confined Space
	Contact Duty AP (Confined Spaces) before issue. Contact: <input type="text"/>

i) Confined Space/ Potential Confined Area Key Tally

	Danger Confined Space
	Permit to work required before entry. Contact: <input type="text"/>

ii) Safety Sign to be posted at entrances to Permanent Confined Space

	Warning Potential Confined Area
	Contact Duty AP (Confined Spaces) before entry Contact: <input type="text"/>

Form 7 – Leptospirosis Warning CardLeptospirosis Warning Card

To the doctor	<i>Leptospirosis</i> (Weils disease)	
The holder of this card is engaged in work, which may expose them to <i>Leptospira</i> , (either <i>L. icterohaemorrhagiae</i> or <i>L. hardjo</i>). Early diagnosis and treatment are vital in Weil's disease as jaundice is often absent in the early stages. The illness in <i>L. hardjo</i> may also be greatly shortened by appropriate antibiotic treatment.	Advice and safety precautions for those working in contact with sewage, contaminated water, soil or infected animals. Important: this card is for your protection – keep it with you at all times.	
(Your local Public Health Laboratory Service or hospital consultant microbiologist should be able to offer advice and serological testing).		
You or your doctor can also get further information from the Employment Medical Advisory Service at any office of the Health & Safety Executive		
Reproduced from material published by the Health & Safety Executive		
<p>What is <i>Leptospirosis</i>?</p> <p>Two types of <i>Leptospirosis</i> can affect workers in the UK. These are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Weil's disease. This is a serious and sometimes fatal infection that is transmitted to humans by contact with urine from infected rats; <input type="checkbox"/> The Hardjo form of <i>Leptospirosis</i>. This is transmitted from cattle to humans. 	<p>How might I catch it?</p> <p>The bacteria can get into your body through cuts and scratches and through the lining of the mouth, throat and eyes after contact with infected urine or contaminated water, such as in sewers, ditches and ponds and slow flowing rivers. Rat urine may also contaminate other material in areas where they are encountered.</p>	<p>Wash thoroughly in soap and water any cut, scratch or abrasion of the skin, whenever it occurs. Apply a clean waterproof dressing and keep the wound covered until it is totally healed.</p> <p>Wash your hands and forearms thoroughly with soap and water after working in contact with any animals, water, sewage, or contaminated clothing and before eating drinking or smoking.</p>

<p>What are the symptoms?</p> <p>Both diseases start with a flu-like illness with a persistent and severe headache.</p>	<p>How can I prevent it?</p> <p>Get rid of rats. Don't touch rats with unprotected hands</p> <p>Always ensure that a clean waterproof adhesive dressing covers any cuts or abrasions on your skin.</p> <p>Wear protective clothing, particularly gloves wherever this is possible. Avoid contact of your hands with your mouth or nose during work.</p>	<p>What else should I do?</p> <p>Report any illness to your doctor. Tell the doctor about your work and show this card to them. <i>Leptospirosis</i> is much less severe if it is treated promptly. If your doctor diagnoses <i>Leptospirosis</i>, you must tell your employer, who must tell the Health & Safety Executive. If you are self-employed, you must report it yourself.</p>
<p>Who is at risk?</p> <p>Anyone who is exposed to rats, rat or cattle urine or to foetal fluids from cattle.</p> <p>This includes sewer workers; those in contact with canal and river waters; farmers; vets; abattoir workers and butchers.</p>		

Form 8 – Confined Spaces Risk Assessment Form

1. Area:	2. Assessment no. Assessment date Assessor(s)
3. Activity:	4. Number of persons at risk

Initial Assessment of Activity and Work Area

1. Does the work involve any chamber, tank, pit, trench, pipe, sewer, flue, combustion chamber, unventilated or poorly ventilated rooms of any substantially enclosed space?

Yes No

2. Is the need to access the confined space essential without reasonable alternative? If "NO" then this confined space risk assessment may not be applicable to this activity and risk assessment may not be required. If "YES" continue below with more detailed assessment.

Yes No

Current Control Measures	Yes	No	Comments
1. Work to be done without entry			
2. Confined Spaces Permit-to-Work			
3. Other persons affected by work informed			
4. Services to be isolated			
5. Gas monitoring equip. to be carried out			
6. Escape BA to be carried by all			
7. Additional ventilation required			
8. Limited working time for any persons within the space			

9. Additional supervision required			
10. Staff training required			
11. Restricted access barriers / warning notices required			
12. Access / entry point arrangements to be confirmed			
13. CCTV available for continuous monitoring			
14. Effective mobile communication in place			
15. Other			

Hazards Involved in Activity	Yes	No	Comments
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. Flooding 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 person above ground			
13. Danger of contact with live electrical conductors			
14. High temperatures			
15. Asbestos			
16. Excessive noise			
17. Manual Handling			

18. Other			
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<p>The risk(s) remaining (after existing control measures). If there are none, or the residual risks are acceptable, write "CONTROLS ADEQUATE".</p>	<p>Risk Rating</p> <p>Severity × Likelihood = Rating</p>
<p>Additional Controls Required</p>	
<p>Additional Control Agreed</p> <p>Signature _____</p> <p>Designation (duty holder) _____</p>	
<p>Duty Holder assessment approval: Controls Effective: Yes/No Risk Rating:</p> <p>Comments:</p>	

Name _____
Signature _____ Date _____
Review Details
Review Date _____ Review completed _____
Comments
Signature _____ Date _____

Form 9 – Confined Spaces 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. (Inform Emergency Services at Entry)	
Limited Working Time - does working time need to be limited?	
Other comments	
Signed by	Accepted by on behalf of Organisation

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	No
I hereby declare 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 _____	
ACCEPTANCE OF PERMIT by person in charge		
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 persons 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) _____

Checklist			
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

Clearance by person in charge of work

I declare that the work is complete, the area inspected and all potential sources of harm, removed including redundant equipment:

Signed: _____

Person in charge:

Date: _____ Time: _____

Cancellation by Authorised Person

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.

All other associated permits must be cancelled before signing.

Signed: _____

Authorised Person: _____

Date: _____ Time: _____

Form 11 – Sample letter to occupational health service

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

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 _____¹ on _____² as requested in your referral letter dated _____³

I consider the individual **fit/unfit**⁴ to enter and work in Confined Spaces, wearing breathing apparatus, personal protective clothing and respiratory equipment as required excluding/including⁴ the use of air-fed breathing apparatus.

¹ Name of Patient
² Date of Medical Examination
³ Date of referral letter
⁴ Strike through as appropriate