

# Confined Spaces SOP: Appendices

## Appendices

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

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## Form 2 – Confined 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 and time of operation	Event operation or reason	Name and signature of AP





**Form 4 – Confined Spaces Equipment Inspection Record**

<b>Inspection record for (item description):</b>			
<b>Serial/identification number/marking:</b>		<b>Inspection frequency:</b>	



<b>Date examined</b>	<b>Signature of examiner</b>	<b>Remarks</b>	<b>Next due</b>





**Form 6 – Key Tallies and Safety Signs**

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

**i) Confined Space/ Potential Confined Area Key Tally**

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

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

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

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**Form 7 – Leptospirosis Warning Card**

<b>To the doctor</b>	<b><i>Leptospirosis</i> (Weil's disease)</b>	
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.	
<ul style="list-style-type: none"> <li>– Your local Public Health Laboratory Service or hospital consultant microbiologist should be able to offer advice and serological testing.</li> <li>– You or your doctor can also get further information from the Employment Medical Advisory Service at any office of the Health &amp; Safety Executive (reproduced from material published by the Health &amp; Safety Executive)</li> </ul>		
<b>What is <i>Leptospirosis</i>?</b> Two types of <i>Leptospirosis</i> can affect workers in the UK. These are: <ul style="list-style-type: none"> <li>• Weil's disease. This is a serious and sometimes fatal infection that is transmitted to humans by contact with urine from infected rats.</li> <li>• The Hardjo form of <i>Leptospirosis</i>. This is transmitted from cattle to humans.</li> </ul>	<b>How might I catch it?</b> 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.	<b>What should I do?</b> 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.  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.

<b>What are the symptoms?</b>	<b>How can I prevent it?</b>	<b>What else should I do?</b>	<b>Who is at risk?</b>
<p>Both diseases start with a flu-like illness with a persistent and severe headache.</p>	<p>Get rid of rats. Do not 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>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.</p> <p>If your doctor diagnoses <i>Leptospirosis</i>, you must tell your employer, who must tell the Health &amp; Safety Executive. If you are self-employed, you must report it yourself.</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**

<b>1. Area:</b>	<b>2. Assessment no.</b>	
	Assessment date:	
	Assessor/s:	
<b>3. Activity:</b>	<b>4. Number of persons at risk:</b>	

**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

<b>Current Control Measures</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
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			

<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. 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			

The risk(s) remaining (after existing control measures). If there are none, or the residual risks are acceptable, write "CONTROLS ADEQUATE".

**Risk Rating:**  
(Severity x Likelihood = Rating)

**Additional controls required:**

Additional control/s agreed:

**Signature:**

**Designation (Duty Holder):**

**Date:**

**Duty Holder assessment approval:**

**Controls Effective: Yes / No**

**Risk Rating:**

**Comments:**

Additional control/s agreed:

**Name:**

**Signature:**

**Date:**

**Review details:**

<b>Review date:</b>		<b>Review completed:</b>	
<b>Comments:</b>			
<b>Signature:</b>		<b>Date:</b>	

**Form 9 – Confined Spaces Safe System of Work (SSW)**

Confined Space Area:	
SSW No:	Associated Risk Assessment No:
Reasons for entry:	Date:
Who is supervising the task (name)?:	
Who will be accessing the confined space? Please state name/s:	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 protective 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:			
<b>Signed by:</b>		Accepted by on behalf of organisation	

**Form 10 – Confined Spaces Permit-to-Work**

<b>Hospital:</b>		<b>Location of Confined Space:</b>	
<b>Order number:</b>		<b>Permit-To-Work issued (date):</b>	
<b>Category of Confined Space:</b>	High Risk <input type="checkbox"/>	Medium Risk: <input type="checkbox"/>	Low Risk: <input type="checkbox"/>
<b>Reason for entry/work:</b>			
<b>List known hazards:</b>			
<b>Names of individuals in work team:</b>			
<b>Has the competency of the work team been checked?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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.			
<b>Signed:</b>	(Authorised Person)		
<b>Date:</b>	<b>Time:</b>		

**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):

<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 and 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 have been removed, including redundant equipment:

**Signed:**

**Date:**

**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**

<b>To:</b>	Occupational Health Service
<b>Our ref:</b>	
<b>Your ref:</b>	
<b>Person's name:</b>	

**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.

**Please detail information here on the type of confined space and the associated risks:**

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

*(\*delete as appropriate)*

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

**Signed:** \_\_\_\_\_ **(Estates Manager)**

**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.

<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