[COMPANY LOGO] [Company Name]	**CONFINED SPACE ENTRY PERMIT** Permit-to-Work System | Permit-Required Confined Space	**Permit No.: _____** Form No.: HSE-F-CSEP-01

Standards & references: A*OSH-SF Mandatory Element 7.0 / Code of Practice – Confined Spaces (Abu Dhabi); Dubai Municipality / UAE Federal Law & Ministerial Resolutions on OSH; ISO 45001:2018 (Cl. 8.1 Operational planning & control); OSHA 29 CFR 1910.146 (Permit-Required Confined Spaces); UK Confined Spaces Regulations 1997 & HSE ACoP L101; ANSI/ASSP Z117.1; HSE EH40 Workplace Exposure Limits; ISO 45001-aligned risk assessment & permit-to-work practices. Where local or client requirements are stricter, they prevail.*

SECTION 1 — PERMIT DETAILS

Permit No.		**Form No. / Revision**	HSE-F-CSEP-01 | Rev. 00
Company / Contractor		**Project / Site**	
Confined Space ID / Tag No.		**Exact Location**	
Type of Space	☐ Tank / vessel ☐ Manhole / sewer / pit ☐ Duct / plenum / chamber ☐ Silo / hopper / other: ____	**Entry Method**	☐ Horizontal ☐ Vertical (harness & retrieval line required) ☐ Permit Class: ☐ Class A (high risk) ☐ Class B (low risk)
Description of Confined Space (dimensions, access size, depth, contents)			
Purpose of Entry / Work to be Performed			
Date of Issue		**Time of Issue**	
Valid From (Date / Time)		**Valid Until (Date / Time) – max. one shift / 8 hrs**	
Max. No. of Entrants		**Related Permits (Hot Work / Height / LOTO)**	
RA / Method Statement Ref.		**Previous Contents / Last Use of Space**	

SECTION 2 — PRE-ENTRY SAFETY REQUIREMENTS (tick Yes / No / N/A — all applicable items must be 'Yes' before entry)

No.	Requirement	Yes	No	N/A	Remarks
1	Is entry necessary? Work cannot be reasonably performed from outside the space (hierarchy of control: eliminate / avoid entry first).	☐	☐	☐	
2	Task-specific risk assessment and method statement approved, and briefed to all entrants, attendant and supervisor.	☐	☐	☐	
3	Confined space identified, entrance marked with warning signage; unauthorised entry barricaded / access controlled.	☐	☐	☐	
4	All energy sources isolated and locked/tagged (electrical, mechanical, hydraulic, pneumatic, thermal) — LOTO certificate no. recorded.	☐	☐	☐	
5	All process, steam, gas, water and chemical lines blanked, blinded or disconnected; valves locked closed and tagged.	☐	☐	☐	
6	Space emptied, cleaned, drained, purged / ventilated; residues, sludge and contents removed or made safe.	☐	☐	☐	
7	Mechanical ventilation (supply / extract) provided and running; air intake located away from exhaust or vehicle fumes.	☐	☐	☐	
8	Atmosphere tested BEFORE entry by a competent person using a calibrated, bump-tested multi-gas detector (results in Section 4).	☐	☐	☐	

No.	Requirement	Yes	No	N/A	Remarks
9	Gas detector calibration certificate valid; instrument ID and calibration date recorded in Section 4.	☐	☐	☐	
10	Continuous gas monitoring in place during entry (personal 4-gas detector carried by each entrant / fixed in the space).	☐	☐	☐	
11	Safe access / egress provided (ladder, stairs, tripod / davit) — adequate size for entry and rescue with SCBA or harness.	☐	☐	☐	
12	Lighting is low-voltage (max. 24 V) / intrinsically safe (Ex-rated where flammable atmosphere is possible); no trailing hazards.	☐	☐	☐	
13	Electrical tools are low-voltage, RCD protected and suitably rated for the atmosphere; no petrol / diesel engines inside.	☐	☐	☐	
14	Reliable communication established between entrants and attendant (visual, voice, radio — Ex-rated if required).	☐	☐	☐	
15	Attendant (standby person) assigned, stationed outside at the entrance, with no other duties, and holding a copy of the permit.	☐	☐	☐	
16	Entrants fitted with full-body harness and retrieval line connected to an external anchor / retrieval system (where vertical entry).	☐	☐	☐	
17	Emergency rescue plan in place; non-entry retrieval equipment and trained rescue team available on site and rescue arrangements tested.	☐	☐	☐	
18	Emergency services / site emergency response team notified of the entry and location (see Section 6).	☐	☐	☐	
19	Adjacent / simultaneous operations assessed (no nearby activity that can release gases, fumes or vehicle exhaust into the space).	☐	☐	☐	
20	Hot work, work at height or other high-risk activities inside the space covered by a separate valid permit.	☐	☐	☐	
21	All personnel trained and competent in confined space entry (valid certificates sighted); medically fit for confined space work.	☐	☐	☐	
22	Toolbox talk / pre-entry briefing conducted covering hazards, controls, emergency signals and evacuation.	☐	☐	☐	
23	Weather, flooding or rainfall hazards considered (sewers, tanks, trenches); heat stress controls and work/rest regime in place.	☐	☐	☐	
24	Fire extinguisher, first aid kit and eyewash (where chemicals are present) available at the entrance.	☐	☐	☐	

SECTION 3 — HAZARD IDENTIFICATION (tick all hazards present or potentially present)

☐ Oxygen deficiency (<19.5%)	☐ Oxygen enrichment (>23.5%)	☐ Flammable gas / vapour / dust
☐ Toxic gas — H_2S	☐ Toxic gas — CO / CO_2	☐ Other toxic / corrosive fumes
☐ Engulfment (liquids / free-flowing solids)	☐ Drowning / flooding	☐ Heat stress / extreme temperature
☐ Noise	☐ Mechanical / moving equipment	☐ Electrical shock
☐ Hazardous chemicals / residues	☐ Biological (sewage, legionella, bacteria)	☐ Slips, trips and falls
☐ Falls from height / vertical entry	☐ Restricted movement / poor access	☐ Poor visibility / lighting
☐ Radiation / ionising sources	☐ Hot work (fire / explosion)	☐ Vehicle exhaust / adjacent plant emissions
☐ Falling objects / structural collapse	☐ Ergonomic / manual handling	☐ Other (specify): _____

SECTION 4 — ATMOSPHERIC TESTING & MONITORING

Test sequence: Oxygen → Flammable gas (LEL) → Toxic gases (H_2S, CO, others). Test at all levels: T = Top, M = Middle, B = Bottom. Retest at intervals not exceeding 1 hour (or per risk assessment) and after any break, ventilation stoppage or change in conditions. Continuous monitoring is required during entry.

4.1 Acceptable Limits

Parameter	Acceptable Limit	Action Level (STOP / EVACUATE)	Notes
Oxygen (O_2)	19.5% – 23.5% vol.	< 19.5% or > 23.5%	Test FIRST (affects other sensor readings)
Flammable gas (LEL)	< 5% LEL for entry (hot work: 0% LEL)	≥ 10% LEL	Any reading above limit: evacuate, ventilate
Hydrogen sulphide (H_2S)	< 5 ppm (WEL 10 ppm 8-hr TWA)	≥ 10 ppm	STEL 15 ppm — OSHAD / HSE EH40 reference
Carbon monoxide (CO)	< 25 ppm (8-hr TWA)	≥ 35 ppm (STEL)	Check for combustion sources / exhaust
Other (specify) ____	As per SDS / WEL	Exceeds WEL	e.g. NH_3, Cl_2, SO_2, VOC, CO_2 (≤ 5,000 ppm)

4.2 Test Instrument

Gas Detector Make / Model		**Instrument Serial / ID No.**	
Calibration Date / Due Date		**Bump Test Done (Y / N)**	

4.3 Test Record (Initial Pre-Entry Test and Periodic Retests)

Date	Time	O_2 %	LEL %	H_2S ppm	CO ppm	Other (gas / ppm)	Test Level (T / M / B)	Tested By (Name / Sign)	Result (OK / NOK)

SECTION 5 — PPE & EQUIPMENT REQUIRED (tick all that apply)

☐ Safety helmet	☐ Safety shoes / boots (anti-slip)
☐ Coveralls (chemical / flame-retardant as required)	☐ Gloves (type: _____)
☐ Safety glasses / goggles / face shield	☐ Hearing protection
☐ Full-body harness with retrieval line	☐ SCBA / airline breathing apparatus
☐ Escape respirator / escape hood (EEBD)	☐ Respirator (type / filter: _____)
☐ Personal 4-gas monitor (each entrant)	☐ Ex-rated torch / lighting (24 V max.)
☐ Tripod / davit & winch for retrieval	☐ Ventilation fan / ducting (Ex-rated if required)
☐ Two-way radio / communication device	☐ First aid kit / eyewash / fire extinguisher

SECTION 6 — PERSONNEL, ENTRY LOG & EMERGENCY ARRANGEMENTS

6.1 Authorised Personnel (only persons named below may enter)

No.	Name	ID / Emirates ID No.	CSE Certificate No. / Expiry	Role	Signature (acknowledges briefing)
1				**Entry Supervisor**	
2				**Attendant 1**	
3				**Attendant 2**	
4				**Entrant 1**	
5				**Entrant 2**	
6				**Entrant 3**	
7				**Entrant 4**	
8				**Rescue Team Leader**	

6.2 Entry / Exit Log (attendant to record every entry and exit)

No.	Entrant Name	Time In	Time Out	Attendant Initials	Remarks / Head-count Check
1					
2					
3					
4					
5					
6					
7					
8					

6.3 Emergency & Rescue Arrangements

Rescue Method (non-entry preferred)	☐ Non-entry retrieval (tripod / winch) ☐ Entry rescue with SCBA team ☐ Other: _____	**Rescue Team / Responsible Person**	
Rescue Equipment Location		**Rescue Team Contact No.**	
Alarm / Evacuation Signal		**Assembly / Muster Point**	
Nearest Medical Facility		**Site Emergency Contact**	
UAE Emergency Numbers	**Ambulance: 998 | Police: 999 | Civil Defence / Fire: 997**		

STOP WORK – EVACUATE IMMEDIATELY IF:

• Any gas alarm sounds or atmospheric readings move outside the limits in Section 4. • Ventilation fails or conditions change. • Any entrant shows signs of distress, dizziness or discomfort. • The attendant leaves the entrance or communication is lost. • An emergency alarm sounds or an unplanned hazard arises. • Any person not named on this permit attempts entry.

NEVER ENTER TO RESCUE WITHOUT SCBA AND A TRAINED RESCUE TEAM. Raise the alarm and initiate non-entry retrieval first.

SECTION 7 — PERMIT AUTHORISATION

By signing, each party confirms that Sections 1–6 have been completed, the site has been inspected, and the conditions are safe for entry subject to the controls stated.

Role	Name	Signature	Date	Time
Permit Applicant / Entry Supervisor *I confirm hazards are understood, controls are in place and entry will be as per this permit.*				
Competent Person (Gas Tester) *I confirm the atmospheric tests are accurate and within limits.*				
Area / Asset Owner *I authorise entry into the space and confirm isolations are in place.*				
HSE Officer (Verification) *I have inspected the site and verified controls and precautions.*				
Authorising Person (Permit Issuer) *I authorise this permit for the period stated.*				

SECTION 8 — PERMIT REVALIDATION / EXTENSION / SHIFT HANDOVER

Extension is permitted only after a fresh gas test and confirmation that conditions remain unchanged. Maximum validity per permit should not exceed one shift unless approved by the Authorising Person.

Date	Time	Gas Test OK (O_2 / LEL / H_2S / CO)	Supervisor Name & Sign	Issuer Name & Sign	Extended Until

SECTION 9 — PERMIT CLOSURE / CANCELLATION

☐	Work completed / permit period expired; all personnel have left the confined space (head-count verified: _____ in / _____ out).
☐	All tools, equipment, materials and waste removed from the space.
☐	Space inspected, free of obstructions, and access covers / barriers restored; entrance secured.
☐	Isolations / LOTO removed only after authorisation and the system is safe to be restored.
☐	Any incidents, near misses or deviations during entry reported and recorded (details: _____).
☐	Original permit returned to HSE Department; copy retained at site for the period required by company records policy.

Closure	Name	Signature	Date	Time
Entry Supervisor				
Authorising Person (Cancellation)				

Distribution: Original — displayed at point of entry during work, then returned to HSE Department. Copy — Entry Supervisor / Contractor file. Retain records in accordance with the company's records retention requirements and local legislation.