



**Confined Spaces Permit to Work**  
**(COMPLETE PRECISELY AND LEGIBLY)**

REASONS FOR STOPPING WORK (IF APPLICABLE) AND DETAILS OF ACTION(S) TAKEN:

DETAILS OF CHANGES OF CONDITIONS WITHIN THE CONFINED SPACE:

The information and details above have been advised to the Authorised Person (Confined Spaces)

Signed: ..... (Person in Charge)    Name: (Block Capitals) .....    Date & Time: .....

I acknowledge receipt of the above information and advice on changes in conditions\*/reasons for stopping the work that have been brought to my attention by the Person in Charge. I shall ensure that the necessary action is taken.

Signed: ..... (Authorised Person)    Name: (Block Capitals) .....    Date & Time: .....

\* Delete as applicable