

Confined Space Access Approval

Date: [Insert Date]

To: [Recipient Name]

Company: [Recipient Company]

Subject: Approval for Confined Space Access

Dear [Recipient Name],

We hereby grant you access to the confined space located at [Location/Address] for the purpose of [reason for access]. This approval is granted under the following conditions:

- Access Date(s): [Insert Date(s)]
- Work Description: [Describe the Work to be Done]
- Authorized Personnel: [List of Authorized Personnel]
- Personal Protective Equipment (PPE) Required: [List PPE]
- Safety Procedures to be Followed: [Outline Procedures]

Please ensure that all safety regulations are adhered to during your work in the confined space. This approval is contingent upon the understanding that all necessary precautions will be taken to ensure the safety of personnel involved.

If you have any questions regarding this access approval, please do not hesitate to contact us.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]