

Confined Space Entry Permit

Call 911 from NASA Phone

From Cell or Pay Phone

Glenn Research Center: (216) 433-8888 Plum Brook Station: (419) 621-3222

NOTE: If the conditions or procedures specified on this permit change, stop work and notify SHED immediately.

START DATE	END DATE	CONFINED SPACE ENTRY PERMIT NUMBER <i>(Filled in by SHED)</i>
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CONFINED SPACE IDENTIFICATION NUMBER *(If known)*

EXCAVATION NO YES *(If yes, see Chapter 35, Glenn Safety Manual)* EXCAVATION PERMIT NUMBER: _____

LOCATION OF CONFINED SPACE

DESCRIPTION OF CONFINED SPACE

DESCRIPTION OF WORK TO BE PERFORMED

CHEMICALS LOCATED AND/OR BROUGHT INTO THE CONFINED SPACE *(MSDS's must be attached.)*

EQUIPMENT LOCATED OR TO BE BROUGHT INTO THE CONFINED SPACE

CHECK ALL DOCUMENTS REQUIRED TO BE ATTACHED

<input type="checkbox"/> DETAILED PROCEDURE	<input type="checkbox"/> HAZARDOUS OPERATIONS PROCEDURE	<input type="checkbox"/> LOTO COVER SHEET OR LIST
<input type="checkbox"/> MSDS	<input type="checkbox"/> VENTILATION SKETCH	

PERMIT APPROVALS

I certify the requirements of this permit shall be implemented prior to performing any confined space activities.

REQUESTED BY: _____	_____		
PRINT NAME	PRINT NAME		
_____	_____		
ENTRY SUPERVISOR SIGNATURE	ALTERNATE ENTRY SUPERVISOR SIGNATURE		
_____	_____		
TELEPHONE NUMBER	DATE	TELEPHONE NUMBER	DATE

I verify the above location has been evaluated and permission is authorized to start work subject to the conditions in the Hazards Control section of this permit.

REVIEWED BY: _____	_____	_____
PRINT NAME	SHED SIGNATURE	DATE

COMMENTS _____

Confined Space Entry Permit terminated: _____

SIGNATURE	DATE
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RETURN ORIGINAL PERMIT AND ALL ATTACHED DOCUMENTS TO SHED MAIL STOP 6-4 WHEN OPERATIONS ARE COMPLETE

HAZARD ASSESSMENT (To be filled out by the Entry Supervisor)

CHECK ALL POTENTIAL HAZARDS
(Check all inherent and introduced hazards)

HAZARDOUS ATMOSPHERES

(Identify)

- FLAMMABLE _____
- TOXIC _____
- IRRITANT _____
- CORROSIVE _____
- OXYGEN - DEFICIENT
- OXYGEN - ENRICHED

PHYSICAL HAZARDS

- TEMPERATURE
- NOISE
- ENTRAPMENT
- VIBRATION
- ELECTRICAL EQUIPMENT
- MECHANICAL EQUIPMENT
- HOT WORK
- SPILLED LIQUIDS
- ENGULFMENT
- RADIATION
- ENTRY AND EXIT LIMITATIONS

OTHER ANTICIPATED HAZARDS (Describe below)

HAZARD CONTROLS (To be filled out by the Entry Supervisor)

YES NO Is lockout/tagout required?

List isolation points or attach C787, GRC Switching and Lockout/Tagout Record/equivalent :

- YES NO Is explosion-proof equipment required?
- YES NO Are barriers required?
- YES NO Is communication equipment required?
- YES NO Is telephone or 2-way radio for summoning rescue available?

CHECK REQUIRED EMERGENCY EQUIPMENT:

- SAFETY HARNESS
- TRIPOD AND WINCH
- OTHER (Specify) _____

SPECIAL ENTRY AND/OR WORK PROCEDURES?

LIST REQUIRED PERSONAL PROTECTIVE EQUIPMENT:

HAZARD CONTROLS TO BE VERIFIED BY ENTRY SUPERVISOR AND DOCUMENTED ON ENTRY VERIFICATIONS PAGE