

AREA CLEARANCE AUTHORIZATION

1. Requestor's Organization Code: _____ Date: _____

2. Contract No./Title: _____

3. Contractor: _____ Subcontractor: _____

4. Utilities, services and/or equipment shutdowns and area clearance are required to perform the following work:

a. Type of work: _____

b. Location of work: _____

c. Utilities, services, and/or equipment requiring NASA shutdown: _____

d. Request shutdown on: _____

e. Work completed, restore services on: _____

5. NASA will shutdown the utilities, services, and/or equipment listed above and will maintain them in a shutdown position until authorized to restore services.

A NASA Safety permit is /is not (check one) required for this shutdown activity.

6. Has the System Coordination Meeting been held? Yes _____ (date)
 Requested by: (Must include at least one civil servant signature)

 Requestor (date) Contractor's Representative (date)

 Project Engineer/Technician (date) Quality Control (date)

Approval by (All signatures required except either CAD or PD, as appropriate:)

 (First) (First)

 CAD (date) PD (date)

 (Second) (Third)

 AQE/SSC-COTR (date) System Manager (date)

 (Fourth) (Fifth)

 Facility Manager (date) Building Manager/Area Supervisor (date)

Concurrence by:

 Project Manager (date) Safety, Health, and Environmental Division (date)

7. Distribute approved Area Clearance Authorization to all parties.

DISTRIBUTION: All Signees
 QS/Official File (original)
 Requester's Branch Chief
 Contract File

CLOSEOUT ACTION: When the work is complete and services have been restored the Requester will provide electronic notification to all parties.