

NASA - MSFC Confined Space Entry Permit

Permit Number: _____

Location/Description of Space: _____

Organization Performing Entry: _____ Entry Date: _____ Entry Time: _____ Time Permit Expires: _____

Purpose of Entry: _____

Primary Entry Supervisor: _____ Phone Number: _____

Entry Attendants: _____

Authorized Entrants	Training Expiration	Time In	Time Out	Authorized Entrants	Training Expiration	Time In	Time Out

ENTRY HAZARDS (Check all that apply)

HAZARDS OF THE SPACE:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Oxygen Deficiency | <input type="checkbox"/> Oxygen Enrichment | <input type="checkbox"/> Flammable Gases / Vapors | <input type="checkbox"/> Airborne Combustible Dust |
| <input type="checkbox"/> Corrosives | <input type="checkbox"/> Noise | <input type="checkbox"/> Engulfment | <input type="checkbox"/> Electrical Shock |
| <input type="checkbox"/> Mechanical Hazards | <input type="checkbox"/> Toxic Gases / Vapors (List): _____ | | |

HAZARDS FROM WORK PROCEDURES:

- Cleaning Hot Work Painting Scraping / Sandblasting Other: _____

PRE-ENTRY PROCEDURES (CHECK WHEN COMPLETE, ENTER N/R IF NOT REQUIRED):

- Isolation: External Barrier Lockout / Tagout Blank / Blind Purge / Clean Inert
 Other: _____

- Ventilation: Initial (30-minute minimum) Method: _____ General Ventilation Maintained

ATMOSPHERIC RESULTS

Test	Acceptable Level	Initial Reading Time: _____	Next Reading Time: _____				
Oxygen Content	19.5% - 23.5%						
LEL	0%						
Toxic Gas (List)	0%						
	0%						
Tester's Initials							
Envm. Health Initials							
Ind. Safety Initials							

Atmospheric Testing Eq'mt: _____ Brand/Model: _____ NEMS/Serial No.: _____ Calibration Expiration Date: _____

REQUIRED EQUIPMENT (Check when complete, enter N/R if not required)

- | | |
|---|---|
| <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> Respiratory Protection, type: _____ |
| <input type="checkbox"/> Lifeline | <input type="checkbox"/> Protective Clothing, type: _____ |
| <input type="checkbox"/> Hoisting Equipment | <input type="checkbox"/> Atmospheric Testing Equipment, type: _____ |
| <input type="checkbox"/> Wristlet Harness | <input type="checkbox"/> Communication Equipment, type: _____ |
| <input type="checkbox"/> Temporary Lighting | <input type="checkbox"/> Non-Sparking Tools, type: _____ |
| <input type="checkbox"/> Signs / Barriers | <input type="checkbox"/> Other (specify): _____ |

OTHER REQUIREMENTS

- Other Permit Required: Full Body Harness Hazardous Operation Other (specify): _____
Method of Communicating with Entrants: Visual Voice Radio Other (specify): _____
Method of Contacting Emergency Services: Phone (No.): _____ Radio Fire Alarm Fire Dept: 876-3437

APPROVAL / CANCELLATION OF PERMIT

- Conditions Approved for Entry, signature of Entry Supervisor: _____ Time: _____
Transfer of Duties, signature of new Entry Supervisor: _____ Time: _____
Transfer of Duties, signature of new Entry Supervisor: _____ Time: _____
Cancellation of Entry Permit, signature of Entry Supervisor: _____ Time: _____
Reason for Cancellation: Work Complete Other (explain): _____