

**NASA - MSFC
Confined Space Entry Procedure**

MPG 1840.1

Location/Description of Space:

Organization Performing Entry:	Entry Supervisor:	Phone Number:	Mail Code:
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Purpose of Entry:

Space Classification: <input type="checkbox"/> Permit Required <input type="checkbox"/> Non-Permit Required	Maximum Number of Entrants:	Required Number of Attendants:
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ENTRY HAZARDS

POTENTIAL HAZARDS OF THE SPACE (SYMPTOMS/EFFECTS)

Oxygen Deficiency (i.e., Drowsiness, Disorientation, Deliriousness, Stupor, Giddiness, etc.)

Oxygen Enrichment

Flammable Gases/Vapors

Toxic Gases/Vapors (List):

_____ (_____)

_____ (_____)

_____ (_____)

_____ (_____)

Corrosives (i.e., Burning at site of contact, Coughing if mists or vapors inhaled)

Noise Engulfment Mechanical Hazards Airborne Combustible Dust

HAZARDS FROM WORK PROCEDURES

Cleaning Hot Work Painting Scraping/Sandblasting Other (Specify): _____

MATERIALS BEING TAKEN INTO THE SPACE (ATTACH MSDS)

PRE-ENTRY PROCEDURES

<u>Pre-Entry Notifications:</u> <input type="checkbox"/> Industrial Safety (544-0046) <input type="checkbox"/> Envrm. Health (544-2390) <input type="checkbox"/> RSA Fire Dept (876-3437)	<u>Isolation:</u> <input type="checkbox"/> External Barrier <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Blank/Blind <input type="checkbox"/> Other (Specify): _____	<u>Ventilation:</u> <input type="checkbox"/> Initial (30-minute minimum) - Method: _____ <input type="checkbox"/> Purge (Specify): _____ <input type="checkbox"/> General Ventilation Maintained - Method: _____
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ATMOSPHERIC TESTS REQUIRED

<u>Initial testing to be conducted by:</u> <input type="checkbox"/> Environmental Health <input type="checkbox"/> Contractor Safety Representative <input type="checkbox"/> Entry Supervisor <input type="checkbox"/> Not Required	<u>Testing to be conducted by:</u> <input type="checkbox"/> Supervisor <input type="checkbox"/> Attendant
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TEST	ACCEPTABLE LEVEL	TEST FREQUENCY	
Oxygen Content:	19.5 - 23.5%	Continuous	Periodic
Lower Explosive Limit (LEL):	< 10%	Continuous	Periodic
Toxic Gases/Vapors (List):		Continuous	Periodic
		Continuous	Periodic

Atmospheric Testing Eq'mt:	Brand/Model:	Serial No.:	Calibration Expiration Date:
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REQUIRED EQUIPMENT

Required	Not Required	Item	Description/Use
		Breathing Air Source	
		Protective Clothing	
		Full Body Harness	
		Wristlet Harnesses	
		Hoisting Equipment	
		Lifeline	
		Atmospheric Testing Equipment	
		Signs/Barriers	
		Communications Equipment	
		Non-Sparking Tools	
		Temporary Lighting	
		Ventilation Equipment	
		Ground Fault Circuit Interrupters	
		Respiratory Protection	

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OTHER REQUIREMENTS

Other Permits Required:

Hot Work Other (Specify): _____

Method of Communicating with Entrants:

- Visual
- Voice
- Radio
- Other (Specify): _____

Method of Contacting Emergency Services:

- Phone
- Radio
- Fire Alarm
- Other (Specify): _____

Other Pertinent Information:

WORK PROCEDURES (Attach additional pages if necessary)

EMERGENCY PROCEDURES (Attach additional pages if necessary)

APPROVALS

Signature: MSFC Industrial Safety Office: _____ Date: _____

Signature: MSFC Environmental Health: _____ Date: _____

Signature: Contractor Safety Representative: _____ Date: _____

Expiration Date: _____ (Note): If work operations change, a new procedure must be approved.)

A copy of the completed and approved procedure must be on file with Environmental Health Services/AD02M.