

FORMS

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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

DETAILED PROCEDURE
 HAZARDOUS OPERATIONS PROCEDURE
 LOTO COVER SHEET OR LIST
 MSDS
 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

**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

Confined Space Entry Permit Entry Verifications

							CONFINED SPACE ENTRY PERMIT NUMBER	
AIR MONITOR MODEL		SERIAL NUMBER		DATE CALIBRATED	BUMP (Yes or No)		PRINT NAME	
					<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	TIME	LOCATION IN CS		OXYGEN 19.5-23.5%	LEL <10%	CO <10 ppm	H ₂ S <10 ppm	OTHER
Hazard controls have been verified. _____								
ENTRY SUPERVISOR'S SIGNATURE							DATE	
AIR MONITOR MODEL		SERIAL NUMBER		DATE CALIBRATED	BUMP (Yes or No)		PRINT NAME	
					<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	TIME	LOCATION IN CS		OXYGEN 19.5-23.5%	LEL <10%	CO <10 ppm	H ₂ S <10 ppm	OTHER
Hazard controls have been verified. _____								
ENTRY SUPERVISOR'S SIGNATURE							DATE	
AIR MONITOR MODEL		SERIAL NUMBER		DATE CALIBRATED	BUMP (Yes or No)		PRINT NAME	
					<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	TIME	LOCATION IN CS		OXYGEN 19.5-23.5%	LEL <10%	CO <10 ppm	H ₂ S <10 ppm	OTHER
Hazard controls have been verified. _____								
ENTRY SUPERVISOR'S SIGNATURE							DATE	
AIR MONITOR MODEL		SERIAL NUMBER		DATE CALIBRATED	BUMP (Yes or No)		PRINT NAME	
					<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	TIME	LOCATION IN CS		OXYGEN 19.5-23.5%	LEL <10%	CO <10 ppm	H ₂ S <10 ppm	OTHER
Hazard controls have been verified. _____								
ENTRY SUPERVISOR'S SIGNATURE							DATE	
AIR MONITOR MODEL		SERIAL NUMBER		DATE CALIBRATED	BUMP (Yes or No)		PRINT NAME	
					<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	TIME	LOCATION IN CS		OXYGEN 19.5-23.5%	LEL <10%	CO <10 ppm	H ₂ S <10 ppm	OTHER
Hazard controls have been verified. _____								
ENTRY SUPERVISOR'S SIGNATURE							DATE	
AIR MONITOR MODEL		SERIAL NUMBER		DATE CALIBRATED	BUMP (Yes or No)		PRINT NAME	
					<input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE	TIME	LOCATION IN CS		OXYGEN 19.5-23.5%	LEL <10%	CO <10 ppm	H ₂ S <10 ppm	OTHER
Hazard controls have been verified. _____								
ENTRY SUPERVISOR'S SIGNATURE							DATE	

Facilities Change Request (FCR) Instructions

General

- A separate Facilities Change Request (FCR) is required for each process or institutional system changed.
- The requestor of the change is required to complete items 1 through 20.
- SAFETY PERMIT REVIEW REQUIRED (*Approval may be required; requestor must check with Area Safety Chair*).
- For Lewis Field, send the completed FCR to the Configuration Control Office, MS 21-3.
- For Plum Brook Station (PBS), send the completed FCR to PBS CM; MS PB.
- The requestor will be contacted if additional information is required or if proposed change has been rejected.
- Once an FCR has the approval of the Configuration Group and Facility/System manager, the FCR is given a control number and entered into GDIS. The original FCR and copies of any documentation are kept in the Configuration Management files and a copy is given to the task manager who assigns it to a member of the configuration group to either update the drawings or to monitor the work if it is being done by a non-member of the configuration group.
- When all drawings and other pertinent documentation have been updated, the FCR is ready to be closed. The updated drawings are taken to the appropriate Facility/System manager for review and approval along with the original FCR.
- For Test Facility (FT) FCRs, signoff is done by the system owner.
- The drawings are released and GDIS is updated to reflect that the FCR has been completed.
- Upon final approval and processing, copies of the drawings/documents will be forwarded to the requestor.

Details

FCR Control Number and Log In Date will be completed by the Configuration Control Office.

Items 1 to 4: Self-explanatory.

Item 5: Provide the specific building number where the change is to occur.

Item 6: If a Ground Test Facility, provide its designation (*10x10, 8x6, etc.*)

Item 7: If an Institutional System, provide its designation. (*See list; italics require FCR*)

Item 8: This number can be a Work Request No., CoF Project No., Contract No., etc., as appropriate.

Item 9: Proposed construction start date.

Item 10: Proposed construction finish date.

Item 11: Proposed Change type (*choice required from both drop-down menus, determines signatures required*).

Item 12: Indicate which documentation is being changed (*see item 11*); attach all applicable supporting documents.

Item 13: Provide specific information describing the work being requested. Attach additional sheets for continuation, if necessary. Attach supporting material such as drawings, specifications, calculations, etc.

Item 14: Explain the reason for the proposed change.

Item 15: List any known drawings/documents that are affected by the change.

Item 16: Provide any additional comments or information regarding this change request.

Items 17 to 20: Requestor obtains Supervisor's approval.

Conceptual Facility Change Request

Items 21 to 28: Configuration Group obtains System/Facility Manager/Review Board and Pressure Systems Manager (PSM) Concurrence approval.

Design Facility Change Request (*If applicable; requestor to resubmit at 90%*)

Items 29 to 32: Configuration Group obtains System/Facility Manager/Review Board approval.

Facility Change Request Physical Implementation

Item 33: Construction completion date.

Item 34: Requestor provides as-built drawings and all applicable documents affected by the Configuration Group (*construction completed*).

Facility Change Request Closeout

Items 35 to 38: Completed by Configuration Control.

Items 39 to 42: Completed by Configuration Control.

<p>Architectural Systems <i>Building floor plans</i> <i>Structures</i> <i>Roofs</i> <i>Exterior Finishes</i> <i>Interior Finishes</i> <i>Landscaping and Grounds</i></p>	<p>Fluid Systems <i>Chilled Water Systems</i> <i>Cryogenics Systems - Stationary</i> <i>Cryogenics Systems - Mobile</i> <i>Cryogenic Distribution</i></p>
<p>Building Mechanical Systems <i>HVAC</i> <i>Energy Management Control System Apparatus</i> <i>Plumbing</i> <i>Fire Suppression</i></p>	<p>High Voltage Systems <i>High Voltage Distribution</i> <i>Control Houses and Substations</i> <i>Underground Manholes, Tunnels and Vaults</i> <i>Controls and Protective Relaying</i></p>
<p>CPS Control Systems <i>Central Process Distributed Control Systems</i> <i>Process Controls</i> <i>Valve Controls</i></p>	<p>Life Safety and Security Systems <i>Life Safety</i> <i>Security (Hirsch and Lenel)</i> <i>Telephone manholes</i></p>
<p>CPS Electrical Systems <i>Motors and Exciters</i> <i>Motor Control Schemes and Auxiliaries</i> <i>SMACS</i> <i>Substation Interface</i> <i>CPS Emergency Power Systems (UPS)</i> <i>Variable Frequency Power System</i></p>	<p>Lifting Devices and Equipment, Elevators</p>
<p>CPS Mechanical Systems <i>Combustion Air: (40, 150,450, and 1250 psi)</i> <i>Service Air (125 psi)</i> <i>Altitude Exhaust and Atmospheric Exhaust</i> <i>Cooling Tower Water systems</i> <i>Refrigerated Air (10 psi)</i> <i>Hydraulic Lube/Oils</i></p>	<p>Low Voltage Systems <i>Low Voltage Electric Power</i> <i>Cathodic Protection</i> <i>Emergency Power Systems</i> <i>Building Grounding Systems</i></p>
<p>Civil Systems <i>Pavements and Traffic Control</i> <i>Surveying</i> <i>Sewers: Sanitary, Storm and IWS</i> <i>Underground Storage Tanks</i> <i>GMS/MAP</i></p>	<p>Institutional Mechanical Systems <i>Steam</i> <i>Natural Gas</i> <i>Domestic Water</i></p>



National
Aeronautics and
Space
Administration

Facilities Change Request (FCR)

PROPOSED FACILITY CHANGE REQUEST			FCR CONTROL NUMBER:	LOG IN DATE:
1. REQUESTOR:		2. ORG CODE:	3. PHONE:	4. DATE:
5. BUILDING:	6. FACILITY <i>(If other, please specify):</i>	7. SYSTEM <i>(If other, please specify):</i>	8. WORK ORDER/TASK ORDER/CONTRACT NO.:	
9. PROPOSED CONSTRUCTION START DATE:		10. PROPOSED CONSTRUCTION FINISH DATE:		
11. PROPOSED CHANGE TYPE <i>(If other, please specify):</i>		<i>(If other, please specify):</i>		
12. ATTACHMENTS <i>(If other, please specify):</i> <input type="checkbox"/> CP Sheets <input type="checkbox"/> Catalog Cut Sheets <input type="checkbox"/> Operating Procedure <input type="checkbox"/> Red-Lined Drawings <input type="checkbox"/> Other: _____				
13. DESCRIPTION OF PROPOSED CHANGE: <i>(Approximately 233 characters, continue on page 2)</i>				
14. TECHNICAL BASIS FOR PROPOSED CHANGE <i>(Reason for change): (Approximately 233 characters, continue on page 2)</i>				
15. KNOWN DRAWINGS/DOCUMENTS AFFECTED: <i>(Approximately 233 characters, continue on page 2)</i>				
16. COMMENTS: <i>(Approximately 233 characters, continue on page 2)</i>				
REQUESTOR CERTIFIES COORDINATION WITH SAFETY OFFICE AND ALL NECESSARY SAFETY REQUIREMENTS HAVE BEEN OBTAINED.				
17. REQUESTOR'S SUPERVISOR APPROVAL:		18. ORG CODE:	19. PHONE:	20. DATE:
CONCEPTUAL FACILITY CHANGE APPROVAL				
21. PRESSURE SYSTEMS MANAGER (PSM) CONCURRENCE:		22. ORG CODE:	23. PHONE:	24. DATE:
25. SYSTEM/FACILITY MANAGER/REVIEW BOARD APPROVAL:		26. ORG CODE:	27. PHONE:	28. DATE:
DESIGN FACILITY CHANGE APPROVAL				
29. SYSTEM/FACILITY MANAGER/REVIEW BOARD APPROVAL:		30. ORG CODE:	31. PHONE:	32. DATE:
FACILITY CHANGE REQUEST PHYSICAL IMPLEMENTATION				
33. CONSTRUCTION COMPLETION DATE:	VERIFICATION OF THE CONSTRUCTION COMPLETION AND TRANSMITTAL OF FINAL DOCUMENTATION TO THE CONFIGURATION GROUP:			
34. ATTACHMENTS <i>If other, please specify):</i> <input type="checkbox"/> CP Sheets <input type="checkbox"/> Catalog Cut Sheets <input type="checkbox"/> Operating Procedure <input type="checkbox"/> Red-Lined Drawings <input type="checkbox"/> Other: _____				
FACILITY CHANGE REQUEST CLOSEOUT				
35. SYSTEM/FACILITY MANAGER/REVIEW BOARD APPROVAL:		36. ORG CODE:	37. PHONE:	38. DATE:
39. CONFIGURATION CONTROL APPROVAL:		40. ORG CODE:	41. PHONE:	42. DATE:
<p>The FCR requester is responsible for submitting the signed final FCR and proper documentation to Pressure Systems Office (PSO) and/or the Area Safety Committees to initiate final CERTIFICATION and SAFETY PERMIT APPROVAL as required.</p>				

13. DESCRIPTION OF PROPOSED CHANGE: *(Continued from page 1)*

14. TECHNICAL BASIS FOR PROPOSED CHANGE *(Reason for change): (Continued from page 1)*

15. KNOWN DRAWINGS/DOCUMENTS AFFECTED: *(Continued from page 1)*

16. COMMENTS: *(Continued from page 1)*

Pressure Relief Device On-Stream Functional Test Report Instructions

Use this form for documenting basic function test and set pressure validation tests. This form is typically used when there is no maintenance or internal inspection performed on the valve (i.e., a simple bench function/flow test, or an in-situ validation test performed on a hot water heater relief by lifting the lever). Use alternative C-4031 for cases where maintenance or internal inspection/disassembly is also performed on the device.

1. Provide the work order number.
2. Provide Recertification ID number and/or Glenn ID number.
3. Identify the location of the component: building, facility, test cell or rig.
4. Provide the system ID number.
5. Provide the P&ID number (*NASA Glenn drawing number*).
6. Identify the relief device fluid service.
7. Provide manufacturer's information: manufacturer's name, serial number, model number, etc.
8. Enter name of the technician servicing the component.
9. Enter name of requester and telephone number.
10. Identify the test gauge serial number and calibration date.
11. Identify the valve stamped set pressure and date last reset.
12. Enter the test cracking pressure, system design pressure (DP) / MAWP, system operating pressure, and full flow RV pressure (*In-Situ only*).
13. Identify the manufacturer's rated flow capacity at set pressure.
14. Enter the blowdown percentage (*if applicable*).
15. Pass/Fail Criteria (*must use calibrated gage*).
 - Code Valves: Follow criteria from ASME Section VIII, Division 1: UG-126. Specifically, the set pressure tolerances, plus or minus, of pressure relief valves shall not exceed 2 psi (15 kPa) for pressures up to and including 70 psi (500 kPa) and 3% for pressures above 70 psi (500 kPa).
 - Pass/Fail for proportional valves cannot exceed system design pressure/MAWP.
 - Test should be witnessed by an independent party who signs C-4030 form (Certificate of Compliance).

Sign and date the Certificate of Compliance at the bottom of the form and submit the completed form to the NASA Glenn Pressure Systems Office, Mail Stop 14-5.

Pressure Relief Device On-Stream Functional Test Report

1. WORK ORDER NUMBER: _____

2. RECERTIFICATION ID NUMBER: _____ GLENN ID NUMBER: _____

3. LOCATION OF RELIEF DEVICE: _____
(Building, Facility, Test Cell, or Rig)

4. SYSTEM NUMBER: _____

5. SYSTEM P&ID NUMBER: _____
(NASA Glenn Drawing Number)

6. RELIEF DEVICE FLUID SERVICE: _____

7. RELIEF DEVICE MANUFACTURER: _____

a. MANUFACTURER'S SERIAL NUMBER: _____

b. MANUFACTURER'S MODEL NUMBER: _____

c. YEAR BUILT: _____

d. INLET SIZE AND CONNECTION TYPE: _____

e. OUTLET SIZE AND CONNECTION TYPE: _____

f. BODY MATERIAL: _____

g. SEAT MATERIAL: _____

h. ORIFICE DIAMETER (OR AREA) AND UNITS: _____

8. WORK PERFORMED BY: _____
(Name of technician performing testing)
21000 Brookpark Rd., Cleveland, OH 44135

9. WORK PERFORMED FOR: _____
(Name of work order requester and phone number)

10. TEST GAUGE SERIAL NUMBER: _____ CALIBRATION DATE: _____

11. VALVE STAMPED SET PRESSURE: _____ PSIG LAST RESET DATE: _____

12. TEST CRACKING PRESSURE: _____ PSIG

a. PILOT OPERATED VALVE MAIN PISTON LIFT: YES NO N/A

b. SYSTEM DESIGN PRESSURE (DP) / MAWP: _____ PSIG

c. SYSTEM OPERATING PRESSURE: _____ PSIG

d. FULL FLOW PRESSURE *(In-Situ only)*: _____ PSIG

13. MANUFACTURER RATED FLOW CAPACITY AT SET PRESSURE: _____

14. BLOWDOWN *(If applicable)*: _____ % *(Numerical value and units)*

15. PASS FAIL

Certificate of Compliance

I, _____, certify that to the best of my knowledge and belief, the statements made in this report are correct and the on-stream functional test of the pressure relief device described above conforms to NASA Glenn Research Center certification requirements, NASA NPD 8710.5, Policy for Pressure Vessels and Pressurized Systems, ASME Section VIII code, ASME PTC 25, and National Board Inspection Code.

By signing this certificate, neither the undersigned nor my employer makes any warranty, expressed or implied, concerning the repair, modification, or replacement described in this report. Furthermore, neither the undersigned nor my employer shall be liable in any manner for any personal injury, property damage, or loss of any kind arising from or connected with this certification.

SIGNATURE: _____ DATE: _____



National
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Backflow Prevention Device Test and Maintenance Report

EQUIPMENT TAG NUMBER: _____ MANUFACTURER: _____

LOCATION: _____ SIZE: _____ SERIAL NUMBER: _____

MAXIMO WORK ORDER NUMBER: _____

OSHA confined space entry requirements apply on **ALL** testing and repair of backflow prevention devices within a vault.

PLUMBING F.O.S. SIGNATURE: _____

DATE: _____ PHONE: _____

	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker & SVB	
				AIR INLET	Check Valve
Initial Test	1. Leaked _____ RP/DC _____ PSID 2. Closed Tight _____	1. Leaked _____ 2. Closed Tight _____	1. Opened at _____ PSID Reduced Pressure 2. Did not open _____	1. Opened at _____ PSID 2. Did not open _____	1 Closed tight _____ PSID 2. Leaked _____
R E P A I R S	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disk <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disk <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> Disk Upper <input type="checkbox"/> Disk Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer Lower <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced:	<input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced:
Final Test	RP _____ PSID Closed Tight _____	Closed Tight _____	Opened at _____ PSID Reduced Pressure	Opened at _____ PSID	Closed Tight _____ PSID

TEST CERTIFICATION: I certify that the foregoing test report is correct.

COMPANY: _____ TESTER: _____

ADDRESS: _____ CERTIFICATION: _____

PHONE: _____ DATE: _____

COMMENTS:

Glenn Research Center Lockout/Tagout Inspection

EMPLOYER

ORGANIZATION

CONTRACT NUMBER

INSPECTED BY

DATE

EQUIPMENT BEING ISOLATED/CONTROLLED

REASON

EMPLOYEE(S) INTERVIEWED	Have you received lockout/tagout training?	Were all affected employees notified?	Was a written procedure followed?	Did you verify the absence of energy?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Was the energy isolating devices lockable? Yes No

Were they locked? Yes No

Was a red bodied lock used? Yes No

Was the proper lockout/tagout tag used? Yes No

If lockout was not used, was it demonstrated that an effective level of safety has been achieved (Removal of valve handles, opening of an extra disconnect, blocking, etc.) Yes No

How was this achieved?

Did this lockout and/or tagout procedure adequately protect personnel? Yes No

Was the proper PPE used? Yes No

List deficiencies and/or comments

INTERVIEWER'S SIGNATURE

**Send copy of completed form to the
SHED at Mail Stop 6-4.**

. . 1910.147(c)(6)

1910.147(c)(6)

Periodic inspection.

1910.147(c)(6)(i)

The employer shall conduct a periodic inspection of the energy control procedure at least annually to ensure that the procedure and the requirements of this standard are being followed.

1910.147(c)(6)(i)(A)

The periodic inspection shall be performed by an authorized employee other than the one(s) utilizing the energy control procedure being inspected.

1910.147(c)(6)(i)(B)

The periodic inspection shall be conducted to correct any deviations or inadequacies identified.

1910.147(c)(6)(i)(C)

Where lockout is used for energy control, the periodic inspection shall include a review, between the inspector and each authorized employee, of that employee's responsibilities under the energy control procedure being inspected.

1910.147(c)(6)(i)(D)

Where tagout is used for energy control, the periodic inspection shall include a review, between the inspector and each authorized and affected employee, of that employee's responsibilities under the energy control procedure being inspected, and the elements set forth in paragraph (c)(7)(ii) of this section.

. . 1910.147(c)(6)(ii)

1910.147(c)(6)(ii)

The employer shall certify that the periodic inspections have been performed. The certification shall identify the machine or equipment on which the energy control procedure was being utilized, the date of the inspection, the employees included in the inspection, and the person performing the inspection.

Hot Work Authorization Permit

**In Case of Emergency: Call 911 from NASA Phone
From Cell or Pay Phone: Glenn Research Center: (216) 433-8888 Plum Brook Station: (419) 621-3222**

ORIGINAL TO BE POSTED AT WORK SITE

START DATE OF HOT WORK	END DATE OF HOT WORK	PERMIT NUMBER <i>(Filled in by SHED)</i>
SPECIFIC SITE: BUILDING		ROOM/FLOOR NUMBER
TASK NUMBER	CONTRACT NUMBER	WORK ORDER NUMBER
CONFINED SPACE <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If yes, see Chapter 16 of the GRC Safety Manual)</i>		
BRIEF DESCRIPTION OF TASK		
NASA POINT OF CONTACT		

PERMIT APPROVALS:

REQUESTED BY: _____

PRINT NAME
TELEPHONE NUMBER
DATE

I acknowledge that I shall verify the requirements on the Hot Work Pre-Operations required checklist have been implemented prior to starting how work activities.

REQUESTED BY: _____

SIGNATURE
ALTERNATE REQUESTER

I verify the above location has been examined and permission is authorized to start work subject to the conditions in the Hot Work Pre-Operations required checklist.

REVIEWED BY: _____

SAFETY, HEALTH AND ENVIRONMENTAL DIVISION
(Signature)
PRINT NAME
DATE

COMMENTS/CONDITIONS:

PERMIT CLOSEOUT HOT WORK COMPLETED: _____

REQUESTER SIGNATURE
DATE

**RETURN ORIGINAL PERMIT AND DAILY CHECKSHEET(S) TO SHED MS 6-4
WHEN OPERATIONS ARE COMPLETE**

Hot Work Requirements Checklist / Conditions

Requirements within 35 ft. of hot work

- Flammable liquid, dust, lint, and oily deposits removed.
- Explosive atmosphere eliminated.
- Floors swept clean and trash removed.
- Combustible floors wet down or covered with fire-resistive/noncombustible materials or equivalent.
- Personnel protected from electrical shock when floors are wet.
- Other combustible storage material removed or covered with listed or approved materials (welding pads, blankets, or curtains; fire-resistive tarpaulins), metal shields, or noncombustible materials.
- All walls and floor openings covered.
- Ducts that might carry sparks to distant combustible material covered, protected, or shut down.

Requirements for hot work on walls, ceilings, or roofs

- Construction is noncombustible and without combustible coverings or insulation.
- Combustible material on other side of walls, ceilings, or roofs is moved away.

Requirements for hot work on enclosed area or equipment

- Enclosed equipment is cleaned of all combustibles.
- Containers are purged of flammable liquid/vapor.
- Pressurized vessels, piping, and equipment removed from service, isolated, and vented.

Requirements for hot work fire watch and fire monitoring

- Fire watch is provided for a minimum of 30 minutes after hot work, including break activity. Type of fire watch required:
 Self-administered One additional person Multiple people Refer to comments below for conditions.
- Fire watch is provided with suitable fire extinguishers. (Minimum 2A:20B:C dry powder)
- Fire watch is trained in use of equipment and in sounding alarm.
- Fire watch to monitor torch applied roofing for 60 minutes after work is complete.

Tar Kettle

- Locate tar kettle 20 feet from building or build 4 ft. barrier on all sides of tar kettle exposed to building.
- Tar kettle not located within 10 ft. of egress route.
- Fuel containers must be located at least 10 ft. from burner unless insulated.

Fire Protection Systems

- Fire detection system is in service. Deactivate smoke/heat detectors in immediate vicinity of work area for less than 4 hours.
- If a fire protection system is shut down or impaired for greater than 4 hours, complete a Fire Protection Impairment Authorization, NASA C-316, and contact the Authority Having Jurisdiction for approval.
- Is sprinkler system in service/operational? If **NOT**, hot work **CANNOT** be performed **UNLESS** additional fire prevention precautions are implemented to assure adequate fire protection.
- Is fire alarm system in service/operational? If **NOT**, alternate method of notification will be implemented.

Health and Safety

- Provide fire extinguishers within 25 feet of work area.
- Provide local ventilation to remove smoke/vapor from work area.
- For designated Hot Work locations, have a "Negative Exposure Assessment" conducted and/or wear Respiratory Protection.
- Provide personal protective equipment to safely perform the work.
- Verify that all paint is removed from surfaces prior to hot work.
- Combustible gas monitoring is required.

Comments

Hot Work Pre-Operations Checklist

In Case of Emergency: Call 911 from NASA Phone
From Cell or Pay Phone: Glenn Research Center: (216) 433-8888 Plum Brook Station: (419) 621-3222

MANAGERIAL CONTROLS

BUILDING OR ADJACENT STRUCTURE		SITE OR SPECIFIC LOCATION	
TASK NUMBER	CONTRACT NUMBER	WORK ORDER NUMBER	

HOT WORK TO BE PERFORMED (*Check all that apply*):

MIG
 TIG
 Stick
 Cutting
 Brazing
 Soldering
 Grinding
 Other _____

ORGANIZATION/COMPANY CONDUCTING HOT WORK

PRIME CONTRACTOR	ONSITE CONTRACTOR
RTD/EDD/NASA ORGANIZATION	

<input type="checkbox"/> Hot Work Requirements Checklist/Conditions (See C-7A) <input type="checkbox"/> Notify GRC Dispatch of hot work start and completion, Lewis Field (216) 433-2088 or Plum Brook (419) 621-3226 <input type="checkbox"/> Hot work authorization permit has been issued <input type="checkbox"/> Hot work equipment to be used has been inspected <input type="checkbox"/> Pull station located <input type="checkbox"/> Guards/barriers/barricades in place <input type="checkbox"/> Inspect fire extinguishing equipment <input type="checkbox"/> *Detectors/suppression systems require deactivation *If Yes, upon completion of Hot Work notify Dispatcher at Glenn Research Center (216) 433-2088 or Plum Brook (419) 621-3226	<input type="checkbox"/> Review egress plan <input type="checkbox"/> Communicate with, and coordinate hot work activities with all workers within 35 feet of hot work <input type="checkbox"/> Determine fire watch requirements (<i>See back</i>) <u>Check one only</u> <input type="checkbox"/> Multiple fire watch required <input type="checkbox"/> Fire watch required <input type="checkbox"/> Fire watch - worker performing hot work
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METHOD OF COMMUNICATING WITH NASA EMERGENCY DISPATCH

OTHER GENERAL SAFETY/FIRE PREVENTION REMARKS/COMMENTS/INSTRUCTIONS

HOT WORK OPERATOR

PRINTED NAME	TELEPHONE NUMBER
SIGNATURE	DATE

FIRE WATCH / HOT WORK MONITORING

Fire watch personnel will be provided during and for 30 minutes after hot work including any work breaks.

FIRE WATCH SIGNATURE

NAME OF FIRE WATCH PERSONNEL	DATE OF EXTINGUISHER TRAINING

FIRE EXTINGUISHER(S) AT WORK SITE: UL CLASSIFICATION (Minimum 2A:20B:C dry powder):

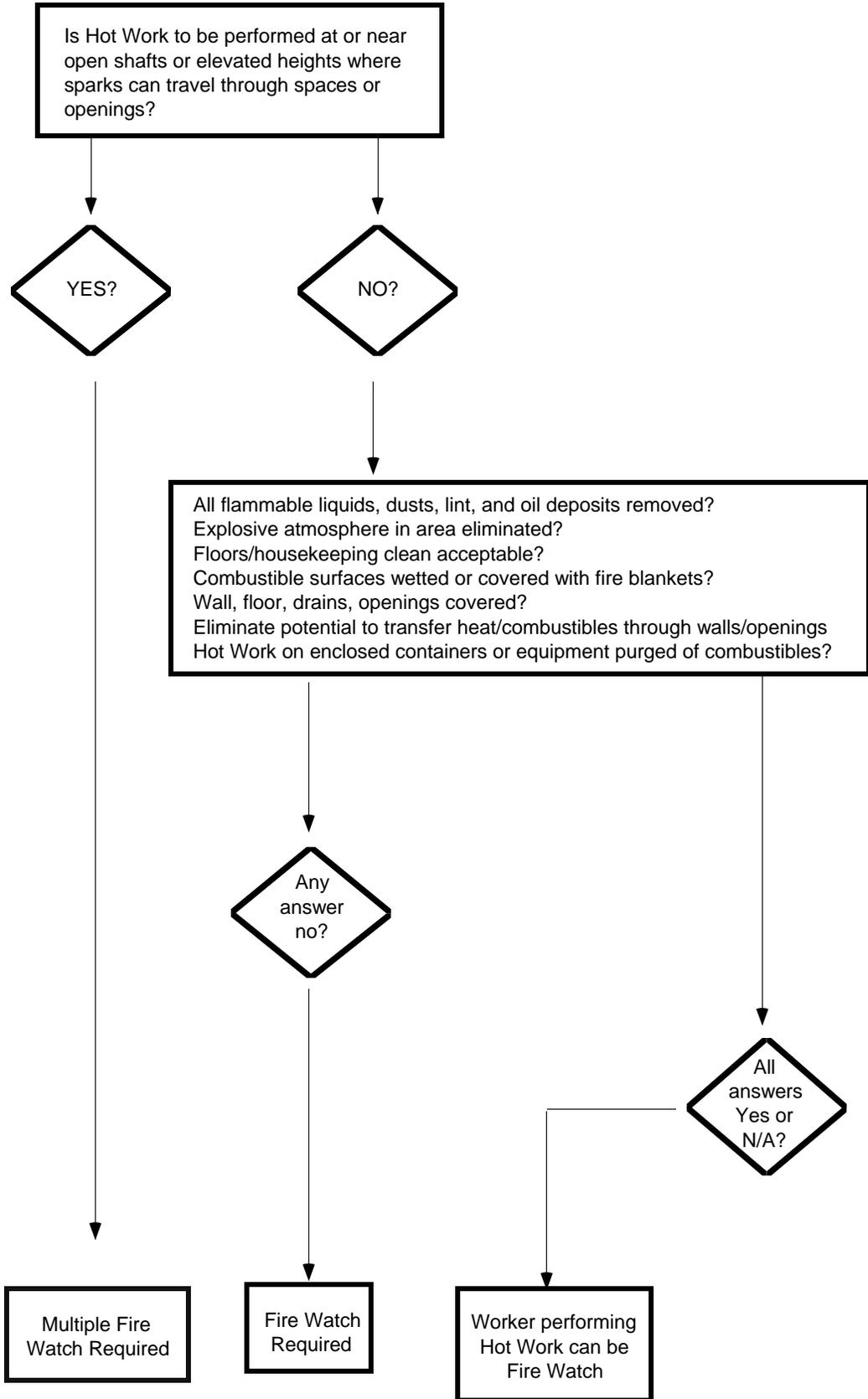
REQUESTER (*From permit approvals on C-7A*)

<input type="checkbox"/> Set-up and above precautions verified	DATE	TIME

APPROVAL SIGNATURE	PRINT NAME

RETURN ORIGINAL HOT WORK AUTHORIZATION PERMIT AND DAILY CHECKLIST(S) TO SHED MS: 6-4 WHEN HOT WORK OPERATIONS ARE COMPLETE

Fire Watch Requirements



<h1 style="margin: 0;">SAFETY PERMIT</h1> <p style="font-size: small; margin: 0;">NATIONAL AERONAUTICS AND SPACE ADMINISTRATION GLENN RESEARCH CENTER CLEVELAND, OHIO</p>		Date Issued (mm/yyyy)	Expiration Date (mm/yyyy)		
TITLE: (Limited to 70 characters including blank spaces)		LOCATION OF ACTIVITY: (Indicate facility name, number, cell)			
PERMIT NUMBER:					
EMERGENCY CONTACTS					
Name (Knowledgeable person):		Work Phone:	Home Ph:		
Name (Alternate contact):		Work Phone:	Home Ph:		
<input type="checkbox"/> This permit covers identified PV/S. All required PV/S component (vessels, relief devices, etc.) have been identified and are in the GRC Pressure Systems Database (PSD). The PV/S RAC(s) have been assessed by the Pressure Systems Office (PSO) and are approved to be of acceptable risk. The PSO RAC acceptance letter and PV/S RAC assessment summary is attached.					
ACTIVITY DESCRIPTION:					
HAZARDOUS MATERIALS/OPERATION IDENTIFICATION & COMMUNICATION					
List predominate materials & approximate amounts	H	F	R	S	
(Additional materials/chemicals listed in MSDS folder)					
SAFETY PERMIT REQUESTER (Print name)		ORGANIZATION	WORK PHONE	MAIL STOP	
SAFETY COMMITTEE CHAIRPERSON (Signature)		ACTIVITY COMPLETED - Requester sign and date below, then return to Glenn Safety Office (MS 6-3)			

SAFETY PERMIT

NATIONAL AERONAUTICS AND
SPACE ADMINISTRATION
GLENN RESEARCH CENTER
CLEVELAND, OHIO

TITLE:

(Limited to 70 characters including blank spaces)

LOCATION
OF
ACTIVITY:

(Indicate facility name, number, cell)

PERMIT NUMBER:

SAFETY PERMIT
REVIEWERS:

SAFETY COMMITTEE CONDITIONS FOR CONDUCTING ACTIVITY:
(LIST MINIMUM PERSONAL PROTECTIVE EQUIPMENT REQUIRED)

<h1 style="margin: 0;">SAFETY PERMIT REQUEST</h1>			DATE RECEIVED <small>(Completed by Committee Chair)</small>	PERMIT NUMBER <small>(To be provided by Committee)</small>		
TITLE: _____						
<small>(Limited to 70 characters including blank spaces)</small>						
TO: _____ SAFETY COMMITTEE <small>(Provide area number or special committee name)</small>			FROM: _____ <small>(Safety Permit Requester, print name)</small>			
EMERGENCY CONTACTS <small>(Provide information below for an emergency contact and alternate knowledgeable of activity. The Safety Permit Requester can be an Emergency Contact)</small>		ORGANIZATION	WORK PHONE	MAIL STOP		
NAME	WORK PHONE	HOME PHONE	LOCATION OF ACTIVITY: <small>(Indicate facility name, number, cell)</small>			
			EXPECTED DURATION <small>(mm/yyyy)</small>			
ACTIVITY SCHEDULE (Check all that apply) <input type="checkbox"/> Workday <input type="checkbox"/> Night <input type="checkbox"/> Weekend			START: _____	COMPLETE: _____		
			TEST RUN LENGTH (Hours, days): _____			
DESCRIBE ACTIVITY (If a precedence exists for this activity, provide details including related safety permit number(s)).						
Check all Supporting Documentation Attached: <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Technical Description <input type="checkbox"/> Schematics, Drawings <input type="checkbox"/> Parts List <input type="checkbox"/> Plot Barricade Plan <input type="checkbox"/> Hazards Analysis <input type="checkbox"/> Operating Procedures/Check Sheets <input type="checkbox"/> Lockout / Tagout Procedures <input type="checkbox"/> Material Safety Data Sheets </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> NASA C-580 Qualified Operators List <input type="checkbox"/> NASA C-197 Users Radiological Training & Experience Record <input type="checkbox"/> Compliance with NASA Recertification Program (See Ch. 7 of Glenn Safety Manual) <input type="checkbox"/> List of Alarms and Shutdowns <input type="checkbox"/> Emergency Response Plan/Shutdown Procedures <input type="checkbox"/> Laser Documentation <input type="checkbox"/> Radiation or Radioactive Material Information <input type="checkbox"/> Other (Specify) _____ </td> </tr> </table>					<input type="checkbox"/> Technical Description <input type="checkbox"/> Schematics, Drawings <input type="checkbox"/> Parts List <input type="checkbox"/> Plot Barricade Plan <input type="checkbox"/> Hazards Analysis <input type="checkbox"/> Operating Procedures/Check Sheets <input type="checkbox"/> Lockout / Tagout Procedures <input type="checkbox"/> Material Safety Data Sheets	<input type="checkbox"/> NASA C-580 Qualified Operators List <input type="checkbox"/> NASA C-197 Users Radiological Training & Experience Record <input type="checkbox"/> Compliance with NASA Recertification Program (See Ch. 7 of Glenn Safety Manual) <input type="checkbox"/> List of Alarms and Shutdowns <input type="checkbox"/> Emergency Response Plan/Shutdown Procedures <input type="checkbox"/> Laser Documentation <input type="checkbox"/> Radiation or Radioactive Material Information <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Technical Description <input type="checkbox"/> Schematics, Drawings <input type="checkbox"/> Parts List <input type="checkbox"/> Plot Barricade Plan <input type="checkbox"/> Hazards Analysis <input type="checkbox"/> Operating Procedures/Check Sheets <input type="checkbox"/> Lockout / Tagout Procedures <input type="checkbox"/> Material Safety Data Sheets	<input type="checkbox"/> NASA C-580 Qualified Operators List <input type="checkbox"/> NASA C-197 Users Radiological Training & Experience Record <input type="checkbox"/> Compliance with NASA Recertification Program (See Ch. 7 of Glenn Safety Manual) <input type="checkbox"/> List of Alarms and Shutdowns <input type="checkbox"/> Emergency Response Plan/Shutdown Procedures <input type="checkbox"/> Laser Documentation <input type="checkbox"/> Radiation or Radioactive Material Information <input type="checkbox"/> Other (Specify) _____					
ENVIRONMENTAL DISCHARGE PRODUCTS (Provide below the name(s) and estimated amounts of the discharge product(s), what it will be discharged to (e.g., air, sewer), plans for abatement /treatment, the method of detection used to measure the amount/type of discharge, and the frequency of discharge sampling. Indicate if none.)						
SAFETY PERMIT REQUESTER (Sign and date)		SUPERVISOR OF REQUESTER (Print name, sign and date)		WORK PHONE		
NASA TECHNICAL SUPERVISOR (Required if Safety Permit Requester is a contractor. Print name, sign and date.)		WORK PHONE	INSTRUCTIONS: Send this request and all supporting documentation to the Safety, Health, and Environmental Division. Refer to the Glenn Safety Manual, Chapter 1, for additional information.			

Digging, Trenching, and Excavating Permit		PERMIT EXPIRATION DATE
Digging, Trenching, and Excavating Permit Process		
Step 1 - NASA/SSC Initiator:		
1. Initiator to complete the Digging, Trenching, and Excavating Permit, NASA C-927. 2. Notify the Ohio Utilities Protection Service (OUPS) for excavations on areas/project segments external to NASA's security fencing. 3. Notify the surveyor 48 hours in advance of the need for marking utilities. 4. Surveyor contacts shall be coordinated with the appropriate NASA contact.		
Step 2 - Soil Characteristics (By GRC Soil Coordinator):		
1. Ensure that soil handling requirements have been sufficiently determined. 2. Notify NASA Surveyor that pre-excavation identification/marketing activities can proceed. 3. Attach approved Soil Determination Checklist, NASA C-133.		
Step 3 - NASA Surveyor:		
1. Identify and mark known underground utilities based upon details provided by the contractor. 2. The NASA Surveyor is to: a) Locate existing utilities, and b) Provide a civil site drawing to the contractor.		
Step 4 - Safety, Health, and Environmental Division (SHed) Notification:		
SHed shall be contacted prior to the commencement of field activities to ensure that a preliminary confined space determination is made.		
Step 5 - Point of Contact (POC) Notification:		
NASA Initiators shall sign the application to ensure that any known or potential impacts are addressed. "Not Applicable" (N/A) shall be noted if a review is not required.		
Step 6 - Verification of Field Activities:		
The Digging, Trenching, and Excavating Permit Log (Page 3) shall be used to document the field activities that are performed.		
Step 1. NASA/SSC Initiator		
NASA/SSC INITIATOR	TELEPHONE NUMBER	DATE
ORGANIZATIONAL NAME/CODE	TELEPHONE NUMBER	MAIL STOP
CONTRACT NUMBER/PROJECT TITLE		
PRIME CONTRACTOR	TELEPHONE NUMBER	
EXCAVATION CONTRACTOR	TELEPHONE NUMBER	
CONTRACTOR REPRESENTATIVE	TELEPHONE NUMBER	
PROJECT SCOPE AND LIMITS		
Excavation Location and Details (Attach NASA Map):		
a. Construction Projects: [Attach Civil Site drawing(s) and highlight/cloud excavation area/segment]. b. Maintenance Projects: [Attach drawing(s), sketches-indicate location, length, width, depth, and deepest depth of excavation].		
Excavation dates: Projected start = _____ Finish = _____		
The contractor must contact OUPS at 1-800-362-2764 or 811.	<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE
The contractor must mark the excavation area/segment at the site.	<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE
The NASA Quality Assurance (QA) must acquire an area clearance.	<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE
Will flammable liquids/solvents be used in the excavation by the contractor?	<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE
Will the contractor perform hot work activities during installation?	<input type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE
THE HASP/JHA/SPA MUST BE APPROVED PRIOR TO THE START OF WORK.		
NASA TASK ORDER (To be completed by surveyor):	NASA SURVEY FIELD BOOK #	PAGE #

Step 2. GRC Soil Coordinator

Soil Characteristics:

GRC Soil Coordinator shall assess soil conditions for contaminants in designated excavation area/segment. The completed Soil Determination Checklist, NASA C-133, shall be attached to the NASA C-927.

NOTES:

GRC SOIL COORDINATOR: _____ DATE: _____

Step 3. NASA Surveyor

Excavation Identification/Marking:

The contractor must mark the centerline of the new utility to be installed in the area/project segment to be excavated. The NASA Surveyor shall mark the location of any existing utility line that may be encountered during excavation. The NASA contact shall coordinate all interfaces between the contractor and the NASA Surveyor.

NOTES:

NASA SURVEYOR (Signature): _____ DATE: _____

Step 4. Safety, Health, and Environmental Division (SHeD)

SHeD Evaluation:

SHeD shall perform a preliminary confined space determination based upon the following:

- < 4 feet deep: No confined space determination is required.
- 4 feet < depth < 20 feet: a confined space determination will be made based on project drawings/data.
- > 20 feet: Permitted confined space —▶ A Confined Space Entry Permit, NASA C-199, is required.

OTHER ISSUES:

A NASA C-199 is required.

SHeD DETERMINATION BY (Signature): _____ DATE: _____

Step 5. Point of Contact (POC) Notification

The following individuals (POCs) shall be contacted by the NASA/SSC initiator prior to the start of planned digging, trenching and excavating activities to ensure that affected personnel are aware of impacts to facility activities; system operations; and vehicular, pedestrian, and emergency evacuation routes. Notification must be made and acknowledgment must be documented. If an impact is not applicable, the individual shall enter N/A on the signature line.

FACILITY MANAGER: _____ TELEPHONE NUMBER: _____

SYSTEM MANAGER
(For the utility being installed): _____ TELEPHONE NUMBER: _____

CIVIL SYSTEM MANAGER: _____ TELEPHONE NUMBER: _____

BUILDING MANAGER: _____ TELEPHONE NUMBER: _____

FD TRAFFIC COORDINATOR: Has the coordinator been notified? YES NO
(Lew is field only)

All excavation activities (digging, inspection, confined space determination, work activity verification, etc., shall be documented on the Digging, Trenching, and Excavating Permit Log, NASA C-927, page 3 of 3.

FD SOIL RELOCATION AUTHORIZATION FORM

Revision #6: 2/27/2008

Previous editions of this form are obsolete.

Date of Request: _____

Requestor/COTR: _____

Phone: _____ Mail Stop: _____

Project Name: _____

Project Location(s): _____ Contract/T.O.#: _____

General Contractor/Excavation Subcontractor: _____

Excavation Time Frame: _____

Estimated Quantity: _____

Interim Soil Location, if any: _____

Final Soil Location: _____

Comments:

- 1) No construction debris shall be permitted to be placed in any soil storage area. _____
- 2) All roadways shall be kept free of mud. Washing mud into sewers is prohibited. _____
- 3) No soil shall be dumped onto any stone access roads. _____
- 4) Soil stockpiles and grading shall be performed as directed. _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____

NOTE: Failure to adhere to any of the above conditions shall result in relocation authorization being revoked and soil being taken off site and disposed of at the Contractor's expense.

FD Coordinator Signoff _____ Date: _____
(W. Howser/W. Spilker):

cc: W. Howser
W. Spilker
D. Slowik

<h2 style="margin: 0;">Badge Application</h2> <p style="margin: 0;">PLEASE PRINT (See instructions and Privacy Act on reverse side)</p>		Does employee require computer/network access? <input type="checkbox"/> Yes <input type="checkbox"/> No
FULL NAME (Last, first, middle initial)		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female WEIGHT: _____ lbs. HEIGHT: _____ ft. _____ inches
SPOUSE'S FULL NAME (Including Maiden Name)		EYE COLOR: _____ HAIR COLOR: _____ RACE: _____
COMPLETE ADDRESS (Number and Street Name)	CITY, STATE, COUNTY, ZIP CODE	
DATE OF BIRTH		PLACE OF BIRTH (City, State)*
SOCIAL SECURITY NUMBER	* If foreign born, provide Alien Registration Number (Green card), Naturalization Number, or Passport and Visa Number	
EMPLOYER'S NAME (i.e. Company, University and/or Affiliation)		
HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR CONVICTED ON ANY MISDEMEANOR OR FELONY CHARGES? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the following: (Use and attach separate paper if more room is needed.)		
OFFENSE	YEAR	DISPOSITION
ESTIMATE TIME YOU WILL WORK AT GLENN RESEARCH CENTER START DATE: _____ END DATE: _____		
I have read both sides of this form and I CERTIFY that the statements made by me are <u>true and correct to the best of my knowledge and belief and are made in good faith.</u> I acknowledge that my entrance to the Glenn Research Center is conditioned on my compliance with the instructions contained herein.		
APPLICANT'S SIGNATURE	DATE	
WITNESS SIGNATURE	DATE	
BADGE TYPE: (To be completed by Badge Control Office)		
GLENN RESEARCH CENTER <input type="checkbox"/> CONSTRUCTION CONTRACTOR <input type="checkbox"/> TEMPORARY WORKER <input type="checkbox"/> INTERN PROGRAMS <input type="checkbox"/> NASA CIVIL SERVANT <input type="checkbox"/> PERMANENT CONTRACTOR	PLUMBROOK STATION <input type="checkbox"/> CONSTRUCTION CONTRACTOR <input type="checkbox"/> TEMPORARY WORKER <input type="checkbox"/> INTERN PROGRAMS <input type="checkbox"/> PERMANENT CONTRACTOR	NCIC CHECK: DATE: _____ NO RECORD <input type="checkbox"/> RECORD <input type="checkbox"/> (Approval Required) NCIC RUN BY: _____ APPROVED BY: _____

INSTRUCTIONS

USE OF BADGE

ALL EMPLOYEES

The badge being issued to you at this time is government property. You are responsible for it's proper display, safeguarding and return.

As a condition of entrance into the Glenn Research Center property, you waive any and all legal immunity from the search of your person, luggage or vehicle, which may be instituted for the purpose of prevention of non-authorized removal or property or other security reasons.

You shall comply with all posted traffic signs such as stop signs, no parking signs, speed limit signs, etc., and instructions of personnel assigned for traffic control purposes. In addition, the motor vehicle laws for the State of Ohio shall apply.

IN ADDITION TO THE ABOVE, THE FOLLOWING APPLIES TO TEMPORARY, CONSTRUCTION AND SERVICE PERSONNEL

During normal working hours, 6:00 a.m. to 6:00 p.m., Monday through Friday, the guards at the gates will permit your entrance and departure. If working other than normal hours, advance notification is required via your Glenn COTR/Sponsor to the Security Guard Force located at the Main Gate.

In cases of normal hour entrance wherein badge holders find it necessary to remain after 6:30 p.m., the procedure described in subparagraph four above shall be followed. Guards are under instructions to request all unauthorized personnel to leave the reservation.

Upon completion of your work assignment at this Center, you shall return your badge to the Main Gate.

Should you leave the Glenn Research Center or Plum Brook Station for a period of more than five days for any reason whatsoever, you are requested to surrender your badge in the same manner. Upon returning, your badge will be reissued by the guard upon verification of your current employment.

PRIVACY ACT NOTICE

Pursuant to Public Law 93-579 (*Privacy Act of 1974*), the following statement is furnished to individuals supplying information for inclusion in the NASA Security Records System.

AUTHORITY. 42 USC 2165, 2455; 5 USC 1303, 1304, and 3301; 22 USC 1434 and 2585; 5 CFR 5.2; Executive Orders 9397, 10450, 10865, and 12065.

PURPOSES AND USES. The principle purpose for collecting this information is to provide the data necessary to initiate investigations to make a security area access determination. This information may be disclosed to Federal State local, or foreign law enforcement agencies in the course of administrative or criminal investigations; to NASA officials and contractors, as appropriate; or for other routine uses as published in the system notice.

EFFECT OF NONDISCLOSURE. Supplying the information is voluntary on your part. However if you do not furnish this information, the processing of your application will be suspended, and you will receive no further consideration. If you furnish only part of the information required, the processing of your application will be attempted, however, it may be significantly delayed. If the information withheld is found to be essential to processing your application properly, you will be so informed, and your application will receive no further consideration unless you supply the missing information. Although no penalties are authorized if you do not supply the information requested, failure to supply such information could result in your being denied access to government property. A false answer to any question is punishable by law (*Title 18, United States Code, Section 1001*).

AREA CLEARANCE AUTHORIZATION

SIGNATURE SHEET

_____	_____	_____	_____
QAE/TR/FACILITY SPECIALIST	DATE	BUILDING MANAGER/AREA SUPERVISOR	DATE
_____	_____	_____	_____
QAE/TR/FACILITY SPECIALIST	DATE	BUILDING MANAGER/AREA SUPERVISOR	DATE
_____	_____	_____	_____
_____	DATE	BUILDING MANAGER/AREA SUPERVISOR	DATE
_____	_____	_____	_____
_____	DATE	BUILDING MANAGER/AREA SUPERVISOR	DATE
_____	_____	_____	_____
SYSTEM MANAGER	DATE	_____	DATE
_____	_____	_____	_____
SYSTEM MANAGER	DATE	_____	DATE
_____	_____	_____	_____
SYSTEM MANAGER	DATE	RESEARCH FACILITY MANAGER	DATE
_____	_____	_____	_____
_____	DATE	RESEARCH FACILITY MANAGER	DATE
_____	_____	_____	_____
_____	DATE	_____	DATE
_____	_____	_____	_____
_____	DATE	_____	DATE
_____	_____	_____	_____
_____	DATE	_____	DATE
_____	_____	_____	_____
_____	DATE	_____	DATE

