

KSC/CCAFS Confined Space Entry Permit/Authorization

Assessment form for all confined space entries

Entry Permit No.

Entry Permit Action	Date / Times	<input checked="" type="checkbox"/> Follow company procedure for final disposition of this documentation	Rescue and Emergencies	
Start			<input type="checkbox"/> Call 911 or (cellular) 867-7911 for emergencies <input type="checkbox"/> Call 861-8718 or 853-9253 to advise FS of entry <input type="checkbox"/> Required at confined space <input type="checkbox"/> Other Rescue Service	911 or 867-7911 (cellular)
Auto-Expiration				
Cancellation with Entry Supervisor Initials				

Confined Space Information		Entry Information	Entering Org:	Phone:
Facility:	Space Name:	Purpose of entry:		
CS POC Org:	Type Space:			
Controlling Contractor:		Attendant(s):		
Description:		Authorized Entrant(s):		

(use Entry Log on back of posted hardcopy as needed)

Hazards of Space & Entry (Check hazard & identify source/contributor)	Previous Content:	<input type="checkbox"/> Hot Work: Type _____ <input type="checkbox"/> Inside space <input type="checkbox"/> Outside space
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Potential Hazards	Contributor / Source	Potential Hazards (Cont.)	Contributor / Source
<input type="checkbox"/> Engulfment <input type="checkbox"/> Entrapment Atmospheric <input type="checkbox"/> O ₂ Deficiency / Enrichment <input type="checkbox"/> Flammable <input type="checkbox"/> Toxic <input type="checkbox"/> Dust / Fibers Materials <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive / Reactive <input type="checkbox"/> Radioactive <input type="checkbox"/> Biological <input type="checkbox"/> Sludge / Residue		Physical / Configuration <input type="checkbox"/> Poor lighting <input type="checkbox"/> Poor communication <input type="checkbox"/> Noise <input type="checkbox"/> Hot / Cold; Surf / Environment <input type="checkbox"/> Slip / Trip <input type="checkbox"/> Protrusions / Sharp objects <input type="checkbox"/> Working at heights <input type="checkbox"/> Falling Objects <input type="checkbox"/> Electric shock / Arc flash <input type="checkbox"/> Equip. start-up / Mechanical action <input type="checkbox"/> High pressure gas <input type="checkbox"/> Restricted movement <input type="checkbox"/> Weather	

Atmospheric Conditions					Time	Test By:	Additional Atmospheric Monitoring Requirements	Details
Parameter	Limits	Conc.	Conc.	Conc.		Equipment / Cal Due		
Oxygen	19.5 - 23.5%						<input type="checkbox"/> Continuous <input type="checkbox"/> Periodic, _____ <input type="checkbox"/> If ventilation changes Method of detecting hazard _____ <input type="checkbox"/> Re-entry, each _____ <input type="checkbox"/> If change suspected (All data to be attached)	
LFL	10%							
CO	25 ppm							
H ₂ S	1 ppm							
Industrial Hygiene Signature (if applicable):						Name / Phone:	Comments:	

Hazard Controls / PPE				
(Check entry requirements and methods to control/eliminate the identified hazard. Fill-in if applicable and as needed)				
Ventilation <input type="checkbox"/> Mechanical temporary <input type="checkbox"/> Electric <input type="checkbox"/> Engine / Fuel <input type="checkbox"/> Natural <input type="checkbox"/> Fixed ventilation <input type="checkbox"/> Flow _____ <input type="checkbox"/> _____	Respiratory Protection <input type="checkbox"/> Cartridge _____ <input type="checkbox"/> Half-Face (NPR) <input type="checkbox"/> Full-Face (NPR/PAPR) <input type="checkbox"/> SCBA <input type="checkbox"/> Airline (SAR) <input type="checkbox"/> Dust Mask <input type="checkbox"/> _____	Lighting <input type="checkbox"/> Portable light, area <input type="checkbox"/> Permanent light <input type="checkbox"/> Natural light <input type="checkbox"/> Flashlight <input type="checkbox"/> Lightstick, corded <input type="checkbox"/> Exterior light	Other PPE <input type="checkbox"/> Garment, _____ <input type="checkbox"/> Boots, _____ <input type="checkbox"/> Welding hood <input type="checkbox"/> Gloves, _____ <input type="checkbox"/> Eye protection <input type="checkbox"/> Hearing protection <input type="checkbox"/> Arc flash protection	Rescue / Fall Protection <input type="checkbox"/> Verbal Comm, _____ <input type="checkbox"/> Signal Comm, _____ <input type="checkbox"/> Body harness <input type="checkbox"/> Anchor point <input type="checkbox"/> Tripod, available <input type="checkbox"/> Wristlet; <input type="checkbox"/> Anklet <input type="checkbox"/> _____

Entry / Exit <input type="checkbox"/> Access ladder <input type="checkbox"/> Body harness / Entry tripod <input type="checkbox"/> Raised platform <input type="checkbox"/> Barriers <input type="checkbox"/> Pre-task briefing	Isolation / LOTO system / method <input type="checkbox"/> Electrical <input type="checkbox"/> Pneumatic <input type="checkbox"/> Piping <input type="checkbox"/> Mechanical <input type="checkbox"/> Hydraulic	Other Entry Requirements:
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CS Classification (General / Initial)	OSHA Standard	Entry Class. / Reclassification	Note:
<input type="checkbox"/> Permit Space <input type="checkbox"/> Permit Space <input type="checkbox"/> Non-Permit Space <input type="checkbox"/> Telecom Manhole/Vault <input type="checkbox"/> Electrical Manhole/Vault <input type="checkbox"/> _____	1910.146 1926.1200 1910.146 1910.268 1910.269	<input type="checkbox"/> PRCS entry <input type="checkbox"/> APPS entry <input type="checkbox"/> Temp NP entry <input type="checkbox"/> N-PS entry <input type="checkbox"/> TCCS entry <input type="checkbox"/> EPCS entry <input type="checkbox"/> _____	• All OSHA standards apply to organizations performing work at Spaceport. Omission of standards on this form does not imply inapplicability to workers and their work conditions. • This permit is void / canceled: if conditions change to an extent that the hazards are no longer adequately controlled, at the time of the stated expiration at the end of the permitted task, or otherwise canceled by the entry supervisor. • Any problems encountered during an entry must be noted on, or attached to the permit, and reported to your safety and health office. • All entrants, attendants and entry supervisors must follow the confined space entry procedures of their employer.
Other CS Standards <input type="checkbox"/> KNPR 1840.19 Industrial Hygiene Programs <input type="checkbox"/> KNPR 8715.7 Construction Contractor S&H <input type="checkbox"/> AFOSH 91-25 Confined Spaces			

Other OSHA Standards Applied to Entry: <input type="checkbox"/> 29 CFR 1910.147 Lock-out/Tag-out <input type="checkbox"/> 29 CFR 1910.134 Respiratory Protection <input type="checkbox"/> 29 CFR 1910.252 Welding <input type="checkbox"/> _____			
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Safety Signature (if applicable):	Authorizing Entry Supervisor Signature:
Name / Phone:	Entry Supervisor Name(s) / Phone: