Appendix E—Safety permit request form

SAFETY PERMIT REQUEST	DATE RECEIVED (Completed by Committee Chair)	PERMIT NUMBER (To be provided by Committee)

TITLE: _____

_____

(Limited to 70 characters including blank spaces)

TO: _____ SAFETY COMMITTEE

(Provide area number or special committee name)

FROM: _____

(Safety Permit Requester, print name)

EMERGENCY CONTACTS (Provide information below for an emergency contact and alternate knowledgeable of activity. The Safety Permit Requester can be an Emergency Contact)

NAME	WORK PHONE	HOME PHONE

ORGANIZATION	WORK PHONE	MAIL STOP

LOCATION OF ACTIVITY: _____

(Indicate facility name, number, cell)

EXPECTED DURATION (Indicate month and year)

Start _____ Complete _____

TEST RUN LENGTH (Hours, days):

ACTIVITY SCHEDULE (Mark an X below for all that apply)

☐ Workday ☐ Night ☐ Weekend

DESCRIBE ACTIVITY (If a precedence exists for this activity, provide details including related safety permit number(s)).

Mark with an X the Supporting Documentation Attached:

- ☐ Technical Description
- ☐ Schematics, Drawings
- ☐ Parts List
- ☐ Plot/Barricade Plan
- ☐ Hazards Analysis
- ☐ Operating Procedures/Check Sheets
- ☐ Lockout/Tagout Procedures
- ☐ Material Safety Data Sheets
- ☐ NASA-C–580 Qualified Operators List
- ☐ NASA-C–197 Users Radiological Training and Experience Record
- ☐ Pressure System Test Certification
- ☐ List of Alarms and Shutdowns
- ☐ Emergency Response Plan/Shutdown Procedures
- ☐ Laser Documentation
- ☐ Radiation or Radioactive Material Information
- ☐ Other (Specify)

ENVIRONMENTAL DISCHARGE PRODUCTS (Provide below the name(s) and estimated amounts of the discharge product(s), what it will be dischared 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 appropriate Safety Committee Chairperson. Refer to the Lewis Safety Manual, Chapter 1, for additional information

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Appendix E—Continued.

HAZARD CATEGORY	DESCRIPTION OF SPECIFIC HAZARD(S)		DESCRIPTION OF PLANNED HAZARD CONTROLS OR SAFETY PROCEDURES	RISK INDEX
COLLISION			Overspeed Control	
			Crane Proofloading	
			Guards	
			Lockout/Tagout Procedures	
			Barricade Plan	
			Blast Shield	
			Critical Speed Analysis	
			Triburst Calculations	
			Other	
CHEMICAL			Ventilation	
			Detectors	
			Proper Storage	
			Personal Protective Equipment	
			HazCom Training	
			Proper Labeling	
			Spill Response Procedures	
			Respiratory Protection Program	
			Other	
ELECTRICAL SHOCK			Grounding	
			Guards	
			Designed per NEC	
			Current limiting devices	
			Lockout/Tagout Procedures	
			Other	
TEMPERATURE EXTREMES			Temperature Controls	
			Temperature Alarms	
			Personal Protective Equipment	
			Other	

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Appendix E—Continued.

HAZARD CATEGORY	DESCRIPTION OF SPECIFIC HAZARD(S)		DESCRIPTION OF PLANNED HAZARD CONTROLS OR SAFETY PROCEDURES	RISK INDEX
FIRE			Control or Removal of Ignition Sources	
			Ventilation of Combustion Gases	
			Over-Temperature Protection	
			Smoke/Fire Detectors	
			Fire Suppression	
			Other	
EXPLOSION/ IMPLOSION			Designed per ASME Boiler & Pressure Vessel Code and LSM Chapter 7	
			Temperature Controls	
			Relief Devices	
			Detectors	
			Alarms	
			Pressure SystemTest per LSM Chapter 7	
			Quantity-Distance Calculations	
			Contamination Control	
			Barricade Plan	
			Welding Inspection	
			Other	
HIGH NOISE			Engineering Controls	
			Hearing Protection	
			Barricade Plan	
			Signs	
			Hearing Conservation Program	
			Other	
CORROSION			Corrosion-resistant materials	
			Other	

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HAZARD CATEGORY	DESCRIPTION OF SPECIFIC HAZARD(S)	DESCRIPTION OF PLANNED HAZARD CONTROLS OR SAFETY PROCEDURES	RISK INDEX
LASER RADIATION		____ Laser Radiation Form ____ Compliance with ANSI Z136.1 ____ Interlocks ____ Annual Eye Exams ____ Shielding ____ Barricade Plan ____ Signs ____ Other	
NUCLEAR RADIATION		____ NRC License Review ____ Radiation Detection Equipment ____ Shielding ____ Barricade Plan ____ Signs ____ Other	
OTHER RADIATION		____ Shielding ____ Barricade Plan ____ Signs ____ Other	
LOSS OF HABITABLE ATMOSPHERE		____ Ventilation ____ Detectors ____ Confined Space Entry Procedures ____ Temperature Control ____ Other	
BIOLOGICAL		____ Personal Protective Equipment ____ Bloodborne Pathogen Program ____ Disposal Methods ____ Other	
OTHER			

Appendix F
Investigator Timeline Checklist

Test Title: _____

Tentative Test Date(s): _____

Action	Date Required	Date Accomplished
1. Pre-Buildup Meeting at the Drop Tower	After approval of project	_____
2. Request for Drop Frame from Facility Manager	After approval of project	_____
3. Submit Test Request Memo to Facility Manager (new investigators)	At least six months prior to testing	_____
4. Request Drop Test Dates from Facility Manager (new and ongoing investigators)	At least three months prior to testing	_____
5. Initiate Visitor Request for International Visitors with Technical Monitor	Eight weeks prior to testing	_____
6. Submit Safety Permit Request and Supporting Documentation to Facility Manager	Six weeks prior to testing	_____
7. Inform Drop Tower Staff of compressed gas cylinder requirements	Six weeks prior to testing	_____
8. Schedule Drop Times with Facility Manager	Two weeks prior to testing	_____
9. Initiate Visitor Request for U.S. Citizens with Technical Monitor	One week prior to testing	_____