

NATIONAL INSTITUTES OF HEALTH
OFFICE OF RESEARCH SERVICES
SECURITY AND EMERGENCY RESPONSE
DIVISION OF PHYSICAL SECURITY MANAGEMENT
9000 ROCKVILLE PIKE BETHESDA, MD 20892

PHYSICAL SECURITY POLICY
PERMIT TO USE EXPLOSIVE POWDER AND/OR POWER ACTUATED TOOLS

❖ **POLICY/INSTRUCTIONS:**

Section 1.13.5 B of the NIH Design Requirements Manual indicates that Explosive Powder and Power Actuated Tools (e.g. tools that are cartridge based, gas, air, electrical tools, or other tool that can propel a projectile and might be weaponized) shall not be used on NIH projects or brought into NIH buildings or grounds without advanced authorization. Approval to use these tools does not relieve the Contractor of responsibility for injury to persons or for damage to property due to the use of such tools.

- The contractor shall submit a request to the PO for authorization to use the Explosive Powder and/or Power Actuated Tools (EPAT) to perform work under the contract.
- The PO shall send the signed copy of the approved permit to policechief@nih.gov at least two business days in advance of the day the contractor will deliver or be on site with the EPAT.
- The NIH Division of Police (DP) signs the EPAT Permit and returns it to the PO and copies NIH guards.
- The PO shall provide a signed copy of the approved permit to the Contractor.
- A copy of the approved permit shall always accompany EPATs, to include when arriving at the Commercial Vehicle Inspection Facility and Entry Control Points, and available during the entire project.
- Upon request by the DP or Division of Physical Security Management (DPSM), the contractor shall provide a register of the individuals with access to and permitted to use the EPATs, a log documenting the date and time the tools are in use, an accounting for the charges/loads or fuel/gas cylinders delivered to the site, and the training certificates of individuals using the tools.
- EPATs are defined as both Explosive Powder and Power Actuated Tools that are cartridge based, gas, air, electrical tools, or any other tool that can propel a projectile and might be weaponized.
- The PO shall inform DP of the planned daily usage of EPATs.
- The PO shall notify Institutes Centers and Offices (ICOs) when EPATs will be used and what to expect. In the Clinical Center Complex, also notify ORF/Office of Hospital Physical Environment (OHPE) & CC-HEFS (Hospital Engineering & Facility Services).

❖ **COMPANY:** _____ **OPERATORS NAME:** _____
PHONE # _____ EMAIL: _____

❖ **PROJECT INFORMATION:**

- Project Name/C#/WR#: _____
- Date EPATs will be Delivered to the Campus: _____
- Estimated Start Date for Use of EPATs: _____ Estimated Completion Date for use of EPATs: _____
- Worksite/Bldg.#/Room#: _____ Storage Location (if applicable): _____
- Description of Work to be Performed: _____

❖ **PERMIT APPROVED [] OR DISAPPROVED [] (check one) DATE:** _____

❖ **PROJECT OFFICER:** _____ **SIGNATURE:** _____
PHONE # _____ EMAIL: _____ OFFICE: _____

❖ **PERMIT ACKNOWLEDGED BY THE NIH DIVISION OF POLICE:**