



ACCESS FORM

Property Management Office Phone # (704) 332-7301
 Property Management Fax # (704) 332-7565

Security Office Phone # (704) 332-7301

THIS FORM IS REQUIRED TO BE COMPLETED NO LESS THAN TWENTY FOUR HOURS IN ADVANCE OF WORK ACTIVITY

Date:	Work Window From: To:	CEWA / WO#:	FIRE ALARM WORK REQUIRED? YES <input type="checkbox"/> No <input type="checkbox"/>
Client:	Client Contact:	Building Permit#	FIRE ALARM DEACTIVATION REQUIRED? YES <input type="checkbox"/> No <input type="checkbox"/>
Project Name:	SECURITY ASSISTANCE REQUIRED? YES <input type="checkbox"/> No <input type="checkbox"/>		SPRINKLER WORK REQUIRED? YES <input type="checkbox"/> No <input type="checkbox"/>
Project Address:	ENG. REPRESENTATIVE ASSISTANCE REQUIRED? YES <input type="checkbox"/> No <input type="checkbox"/>		SPRINKLER PIPING ISOLATION REQUIRED? YES <input type="checkbox"/> No <input type="checkbox"/>
	MSDS SHEETS IDENTIFIED AND PROVIDED? YES <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		HOT WORK PERMIT REQUIRED? YES <input type="checkbox"/> No <input type="checkbox"/>
Floor(s) affected:	HOT WORK PERMIT SUBMITTED? YES <input type="checkbox"/> No <input type="checkbox"/>		(IF YES SEE CHIEF ENGINEER FOR HOT WORK PERMIT AND PROCEDURE)
			FIRE WATCH REQUIRED? YES <input type="checkbox"/> No <input type="checkbox"/>
Project Manager:	Superintendent:	Foreman:	IF YES TO ANY OF THE ABOVE AN APPROVED FIRE/LIFE SAFETY SYSTEM IMPAIRMENT REQUEST MUST BE ON FILE BEFORE DISABLING FACP POINTS
PM Mobile No. /Radio ID:	Supt. Mobile No. /Radio ID:	Foreman's Mobile No. /Radio ID:	

TYPE OF WORK BEING PERFORMED AND SUB-CONTRACTOR PERFORMING WORK EFFORT

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Acoustical Ceiling * MIS | _____ | <input type="checkbox"/> Glass and Glazing | _____ |
| <input type="checkbox"/> Carpet / Soft Tile | _____ | <input type="checkbox"/> Hard Tile | _____ |
| <input type="checkbox"/> Caulking | _____ | <input type="checkbox"/> HVAC * ADS | _____ |
| <input type="checkbox"/> Cleaning | _____ | <input type="checkbox"/> Masonry | _____ |
| <input type="checkbox"/> Concrete | _____ | <input type="checkbox"/> Millwork/Woodwork | _____ |
| <input type="checkbox"/> Construction/Demolition * GBP | _____ | <input type="checkbox"/> Misc. Metals | _____ |
| <input type="checkbox"/> Doors, Frames Hdwr. | _____ | <input type="checkbox"/> Painting | _____ |
| <input type="checkbox"/> Drywall | _____ | <input type="checkbox"/> Plumbing * FAS | _____ |
| <input type="checkbox"/> Electrical * EDS | _____ | <input type="checkbox"/> Raised Floor * MIS | _____ |
| <input type="checkbox"/> Elevator/Escalator | _____ | <input type="checkbox"/> Roofing | _____ |
| <input type="checkbox"/> Equipment Vendor | _____ | <input type="checkbox"/> Security | _____ |
| <input type="checkbox"/> Fencing | _____ | <input type="checkbox"/> Specialties Vendor | _____ |
| <input type="checkbox"/> Fire Protection * FAS | _____ | <input type="checkbox"/> Structural Steel | _____ |
| <input type="checkbox"/> Fire stopping | _____ | <input type="checkbox"/> Telecommunication | _____ |
| <input type="checkbox"/> Fireproofing | _____ | <input type="checkbox"/> Waterproofing | _____ |
| <input type="checkbox"/> Furnishings Vendor | _____ | <input type="checkbox"/> Other | _____ |

* Indicates that an applicable Critical Facility Procedure exist for this type of work. This Procedure must be obtained from the Chief Engineer's office before starting this type of activity. The letters in **bold** print indicates the section where the procedure may be found.

General Description of Work Activities: _____

Comments: _____

Submitted By: _____
 (Contractor/Vendor Representative)

Reviewed By: _____
 (Engineering Representative)

Date: _____

Approved By: _____
 (Property Manager)