



121 WEST TRADE

ACCESS FORM – RECURRING VENDORS

This form must be completed and held at the Security Console to gain building access.

Date:	Work Window From: To: Daily: Weekly:	Fire Alarm Work Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendor:	Contact:	Fire Alarm Deactivation Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	Security Assistance Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sprinkler Work Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Eng. Rep. Assistance Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Sprinkler Piping Isolation Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Floor(s) Affected:		Hot Work Permit Required? Yes <input type="checkbox"/> No <input type="checkbox"/>  If <b>YES</b> , see Chief Engineer for Hot Work Permit and Procedure.)
Certificate of Insurance:		Fire Watch Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
		<b>If YES to ANY of the above, an approved Fire/Life Safety System Impairment Request MUST be on file before disabling FACP points.</b>

General Description of Work Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

Approved by:

\_\_\_\_\_  
(Contractor/Vendor Representative)

\_\_\_\_\_  
(Property Management)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)