

WORK PERMIT

CONTROL NUMBER: _____

DATE FILED: _____

CONTACT DETAILS: _____

TO : SM ADMINISTRATION OFFICE

FROM :

INSTRUCTION: Please check the box that applies and fill out all the details. Please attach all required documents for this Work Permit to be processed.

TYPE OF WORK:

☐ Construction

☐ Renovation

☐ Operations

SCOPE:

☐ Maintenance

☐ Repair

☐ Installation

☐ Waterproofing

☐ Welding/Hot Works

☐ Carpentry

☐ Exhaust/Fresh Air

☐ Electrical

☐ Plumbing

☐ Spray Painting

☐ Masonry

☐ Aircon

☐ Gas Line

☐ Draining and Refilling

☐ Sanding

☐ Ingress

☐ Egress

☐ Delivery

☐ Pullout

Remarks

Indicate reason if the
request is emergency
or urgent

NOTES:

- For welding or hot works, please answer the Hot Work Permit Checklist.
- Attach another sheet for the list of items/tools/equipment.

VALIDITY

From

To

NAME OF CONTRACTOR: _____

Date

NAMES OF PERSONNEL: (attach another sheet for additional names)

Time

1.

5.

2.

6.

LOCATION

3.

7.

4.

8.

REQUESTED BY: TENANT'S OR CONTRACTOR'S AUTHORIZED SIGNATORY

Signature over printed name and designation

CONCURRED BY:

APPROVED BY:

CRS

EDD

MALL OPERATIONS

FOR THE APPROVERS: Indicate the Personnel Posting needed.

☐ Guard:

☐ Janitor:

☐ EMB:

From:

From:

From:

To:

To:

To:

Other requests: