

APPENDIX "B"

ACCESS REQUEST FORM, Page 1 of 2

AREA REQUESTED:	_____	ACCESS REQUEST #:	_____
DATE/TIME REQUESTED:	_____	DATE:	_____
DURATION OF WORK:	_____	PLAN REF.	_____
APPROVED SUBMITTALS:	_____	SPEC. REF.	_____
CONTRACTOR/SUBCONTRACTOR:	_____	ISSUED BY:	_____

DESCRIPTION OF WORK:

EQUIPMENT LIST: _____

OPERATIONS or PLANT STAFF SUPPORT REQUIRED:

HOT WORK PERMIT* REQUIRED? ☐ YES ☐ NO SKETCH ATTACHED? ☐ YES ☐ NO

SIGNATURES:

1. Contractor Rep. _____ DATE: _____

2. Ops REVIEW: _____ DATE: _____

3. CMB REVIEW: _____ DATE: _____

COMMENTS:

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DATE WORK COMPLETED:	_____	QA INSPECTOR SIGNATURE:	_____
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* A sample Hot Work Permit is part of the Contractor's Health and Safety Plan ("HASP") as per Specification 01 35 45.

END OF SECTION