

**FEDERAL AVIATION ADMINISTRATION
WESTERN SERVICE AREA
HAZARDOUS MATERIALS WORK PERMIT SYSTEM
WORK REQUEST REVIEW**

PART I – PROJECT INFORMATION (To be Completed by Project Initiator)													
NAME OF PROJECT:													
PROJECT LOCATION:													
SCOPE OF WORK:		(Attach Plans and Specifications, Hazardous Materials Communication Plan and MSDS if Hazardous Materials are to be used.)											
PROJECT SCHEDULE:			START DATE				STOP DATE						
WHO WILL BE PERFORMING THE WORK?													
		FAA PERSONNEL						CONTRACTOR					
IF CONTRACTOR, COMPANY NAME													
NAME OF PERSON SUPERVISING WORK													
IF FAA PERSONNEL ARE PERFORMING WORK, LIST NAMES BELOW:													
IF CONTRACTOR PERSONNEL ARE PERFORMING WORK, LIST NAMES BELOW:													
PRINTED NAME, TITLE, AND SIGNATURE OF PERSON MAKING REQUEST								DATE					
PART II – WORK REQUEST STATUS (To be Completed by the SECM or Designee)													
Work Request #:													
Will there be impacts to LCC or LBP?		YES				NO				If yes, Project ID#:			
Will hazardous materials be used?		YES				NO				If yes, HAZCOM Plan & MSDS Attached?			
Is Asbestos present at the facility?		YES				NO				If yes, Project ID#:			
Status:						APPROVED				DISAPPROVED			
		See Attached Asbestos Survey Report Do not impact asbestos								See Attached Lead Survey Report Do not impact lead coatings			
		A Lead Survey has not been performed at this facility, all paint must be assumed LCC / LBP											
Additional Remarks:													
SECM NAME										SIGNATURE OF SECM		DATE	