

## Notification of Work

### Contractor Information

Construction Manager/Project Sponsor:

Contractor performing work:

Supervisor in charge of work:

### General Information:

Date(s) of task:

Time of task:

Location of work:

Project Name:

Host (Regeneron) Name and contact number:

Is life safety affected by this task? (i.e. are exits and/or egress impacted?) yes ☐ no ☐

If yes, what is impacted and how will impact be mitigated:

What areas of the campus will be affected by this task and how will they be affected? (i.e. will bathrooms be operational during work task?)

yes ☐ no ☐ If yes, what is impacted:

What building systems are affected by this task and where (building, floor)?

Power ☐

Lighting ☐

Fire Alarm ☐

HVAC Fume ☐ Hood Exhaust ☐

Plumbing ☐

Fire Suppression ☐

Waste Collection ☐

☐ Other: \_\_\_\_\_

**Comments/Notes (please include any potential effects to building occupants including noise, odors, dust, temporary loss of access to space):**

### Supervisor Signature:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Construction Manager/Project Sponsor Signature:

Name: \_\_\_\_\_

Date: \_\_\_\_\_