

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: _____