

Above Ceiling Work Permit

REQUESTOR COMPLETES THIS SECTION: (Submit to Code 09PW, Fax: 475-4193)			
Organization:		Date:	
Requestor name:		Requestor phone:	
Project title:		Project number:	
Description of Work:			
System category to be installed or modified:			
<input type="checkbox"/> Communication	<input type="checkbox"/> Fiber Optic	<input type="checkbox"/> Security	<input type="checkbox"/> DDC
<input type="checkbox"/> Door Controls	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Telephone	<input type="checkbox"/> Electric
<input type="checkbox"/> HVAC	<input type="checkbox"/> TV	<input type="checkbox"/> Steam	<input type="checkbox"/> Water (Hot or Cold)
<input type="checkbox"/> Internet/Intranet	<input type="checkbox"/> Drain/Waste/Vent	<input type="checkbox"/> Other(Describe)	
As a result of this work, will any penetrations be made or disturbed in fire or smoke barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No.			
If yes, describe method and materials to be used to seal penetrations. (STI brand products are the only approved products for Naval Hospital Bremerton.):			
Duration of Work:			
Location of Work (attach floor plan if necessary):			
FACILITY MANAGEMENT COMPLETES THIS SECTION:			
Amplifying Comments:			
Recommended:			
WSBOSC Supervisor/Lead		Date	
Project Manager		Date	
Utility Manager		Date	
Approved: YES NO			
Facility Ops Manager		Date	
Assigned Inspector		Phone	
Interim Inspection		Date	
Final Inspection		Date	