



Fermilab

WORK PERMIT AND NOTIFICATION FORM

(Follow Instructions on the Other Side)

Project/Activity General Information:

Building Name or Site Location: _____ FIMS #: _____ Project # _____

Job/Description: _____

Division/Section Supervising Work: _____ Landlord Division/Section: _____

Task Manager/Construction Coordinator: _____ Phone #: _____ Pager #: _____

Subcontractor: _____ Phone #: _____ Pager #: _____

Est. Starting Date: _____

Est. Completion Date: _____

Systems Affected / Notification Required: (Check all that apply- Follow notification list on back)

- | Yes | No | |
|--------------------------|--------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Any Utility System (e.g., Gas, CW, ICW, DWS, LCW, Sanitary Sewer) |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical System |
| <input type="checkbox"/> | <input type="checkbox"/> | HVAC |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Protection System |
| <input type="checkbox"/> | <input type="checkbox"/> | Tele-Communication |
| <input type="checkbox"/> | <input type="checkbox"/> | Data- Communication System |
| <input type="checkbox"/> | <input type="checkbox"/> | FIRUS System |
| <input type="checkbox"/> | <input type="checkbox"/> | Roof Systems |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking Lot, Hardstand, Road or Turf |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Specify): _____ |

Permits Required: (Check all that apply)

- | Yes | No | |
|--------------------------|--------------------------|-------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Welding, Cutting, Brazing (Fermi Fire Dept.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Protection System Disablement (FESS) |
| <input type="checkbox"/> | <input type="checkbox"/> | Confined Space Entry (ES&H Manual 5063) |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical Hazard Analysis / Work Permit (FESHM 5042) |
| <input type="checkbox"/> | <input type="checkbox"/> | Potable Water Permit (ES&H Manual 8050) |
| <input type="checkbox"/> | <input type="checkbox"/> | Radiological Work Permit (Landlord Div./Sec. RSO) |
| <input type="checkbox"/> | <input type="checkbox"/> | Excavation Permit (FESHM 7030) |
| <input type="checkbox"/> | <input type="checkbox"/> | Environmental Permits |
| <input type="checkbox"/> | <input type="checkbox"/> | Sanitary Sewers (ES&H Manual 8025) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Specify) _____ |

Training Required: (Answer All)

- | Yes | No | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Oxygen Deficiency Hazard (ODH) |
| <input type="checkbox"/> | <input type="checkbox"/> | Radiation Worker |
| <input type="checkbox"/> | <input type="checkbox"/> | GERT |
| <input type="checkbox"/> | <input type="checkbox"/> | Confined Space |
| <input type="checkbox"/> | <input type="checkbox"/> | Respiratory Protection |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Specify) _____ |

Special Precautionary Note: _____

Signatures

Task Manager/Construction Coordinator: _____ Date: _____

Building Manager _____ Date _____

Landlord Div/Sec SSO _____ Date _____

Systems Affected / Notification Required

- Experiment/Program (notify appropriate Control Room)
- Any Utility System (notify FESS Operations X3468; copy of notice; ms 303)
- Electrical System (notify FESS Operations X4665; copy of notice ms 303)
- HVAC (notify FESS Operations X4664; copy of notice; ms 303)
- Fire Protection System (notify FESS Operations X2924; copy of notice ms 303)
- Tele-Communication System (notify BSS Tele-Communications X3788; copy of notice ms 228)
- Data- Communication System (notify CD Distributed Computing X3064; copy of notice ms 120)
- Firus System (notify Accelerator Controls X4074; copy of notice; ms 307)
- Roof Systems (notify FESS Services X3302; copy of notice; ms 232)
- Parking Lot, Hardstand, Road or Turf (notify FESS Services X3303; copy of notice; ms 320)

INSTRUCTIONS

- 1) The purpose of this form is to improve communications on all projects so that all parties impacted are aware of impending work and can make accommodations on a timely basis. The task manager/Construction Coordinator is responsible for this notification prior to commencement of work.
- 2) If the project does not impact any of the systems listed on the front side of the form and if no permits are required, then further action and distribution is not needed. The Task Manager/Construction Coordinator will file the original with the project files for future reference.
- 3) Under the "Select " column place a check mark in the box next to the organizations you are notifying.

NOTICE

No further distribution needed if all the "NO" blocks are checked on the front of the form. Task Manager/Construction Coordinator to seek concurrence from the building manager and then file the form in the project file for future reference.

Please complete the distribution information below and mail, FAX, or hand deliver to the affected groups allowing them sufficient time to prepare for your project.

Select	Deliver to:	MS	FAX	Comments
<input checked="" type="checkbox"/>	FESS Operations	303	2151	All Projects
<input checked="" type="checkbox"/>	FESS Engineering	214	4980	All Projects
<input checked="" type="checkbox"/>	Landlord Division/Section Head	---	---	All Projects
<input checked="" type="checkbox"/>	Landlord Division/SSO:	---	---	All Projects
<input checked="" type="checkbox"/>	Building Manager:	---	---	All Projects
<input checked="" type="checkbox"/>	Security	326	3431	All Projects
<input checked="" type="checkbox"/>	ES&H Safety (HS Group)	119	3390	All Projects
<input type="checkbox"/>	Fire Department:	302	8037	As Appropriate
<input type="checkbox"/>	Tele-Communications	228	3405	Telecom Work
<input type="checkbox"/>	Data-Communications	120	2783	Datacom Work
<input type="checkbox"/>	Beams Division Main Control Room	306	4552	As Appropriate
<input type="checkbox"/>	FESS Services			
	Roof Repair	232	4566	As Appropriate
	Roads and Grounds	320	2108	As Appropriate
<input type="checkbox"/>	Other: _____	---	---	_____
<input type="checkbox"/>	Other: _____	---	---	_____