



## SCANNING/X-RAY & CORING WORK PERMIT

CORING

SCANNING

X-RAYING (Safety Plan Required)

### GENERAL INFORMATION

TENANT Click here to enter text. \_\_\_\_\_

TENANT CONTACT Click here to enter text. \_\_\_\_\_ TELEPHONE Click here to enter text. \_\_\_\_\_

BUILDING Click here to enter text. \_\_\_\_\_ FLOOR (S) Click here to enter text. \_\_\_\_\_

### GENERAL CONTRACTOR

COMPANY Click here to enter text. \_\_\_\_\_

CONTACT NAME Click here to enter text. \_\_\_\_\_ TELEPHONE Click here to enter text. \_\_\_\_\_

CELL Click here to enter text. \_\_\_\_\_ EMAIL Click here to enter text. \_\_\_\_\_

### SUBCONTRACTOR

COMPANY Click here to enter text. \_\_\_\_\_

CONTACT NAME Click here to enter text. \_\_\_\_\_ TELEPHONE Click here to enter text. \_\_\_\_\_

WORK DATES FROM Click here to enter a date. TO Click here to enter a date. \_\_\_\_\_

TIMES FROM Click here to enter text. TO Click here to enter text. \_\_\_\_\_

FLOORS AFFECTED Click here to enter text. \_\_\_\_\_

SECURITY ESCORT REQUIRED

LOCATION North  South  East  West

### DESCRIPTION

Click here to enter text. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For office Use Only

Received By Click here to enter text. \_\_\_\_\_ Date Click here to enter a date. \_\_\_\_\_

Comments Click here to enter text. \_\_\_\_\_

\_\_\_\_\_