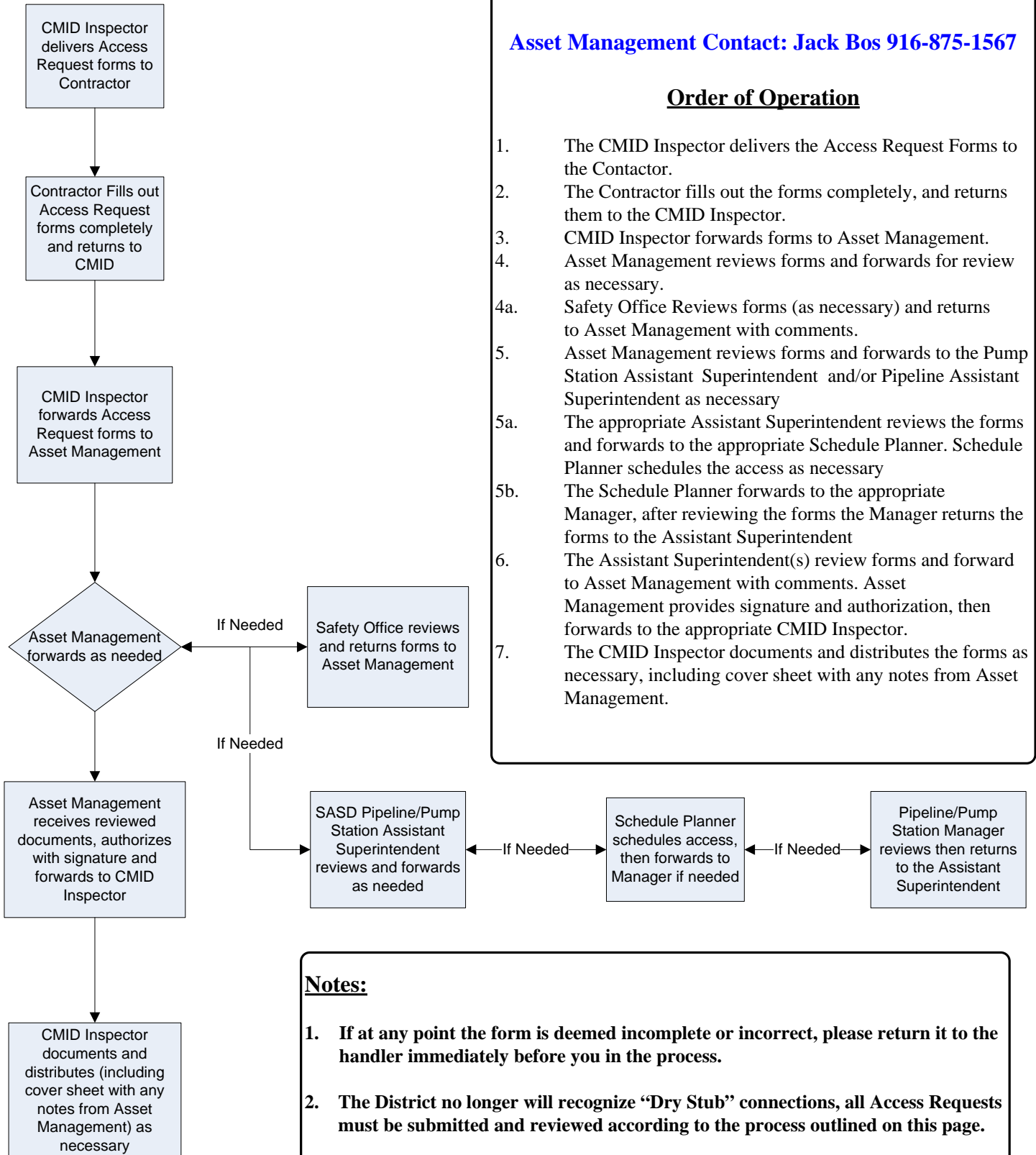


Access Request Distribution

Contractor - please complete forms and submit to CMID Inspector

Allow 20 Calendar Days for Processing



Access Request Information Checklist



Project Name: _____

	Contractor Verified	CMID / SASD PM Verified
CMID / SASD Project Manager Info:		
Name:		
Office Phone:		
Cell Phone:		
Access Request Required Info:		
Project Name and Address		
Overview Map w/ specific plan & profile page		
Exact Date Range of Requested Access (no less than 30 days from date of submitted request, range no more than 14 calendar days in length)		
Contractor Company Name:		
Contractor Contact & Number:		
Subcontractor Company Name:		
Subcontractor Contact & Number:		
Confined Space Entry Plan (if needed):		
Conforms to SASD Rehabilitation Standards & Specifications Section 3.7?		
Traffic Control Plan (if needed):		
If needed has the Traffic Control Plan been approved?		
By pass pumping plan (if needed):		
Map with exact locations of manholes to be plugged		
Map with exact location of by pass suction and discharge		
Valve type (check, isolation, etc.) identified on By pass Map		
Written by pass pump operations plan, including a contingency plan		
Note in operations plan how the by pass pumps will be monitored and controlled		
Note in operations plan of frequency that the upstream manhole will be monitored to ensure pumping is adequate		
Note in operations plan of 1) Pump Type, 2) Pump Capacity, 3) Pipe Type, 4) Pipe Diameter, 5) Pipe Length		
Sewer Spill / Sewer Overflow response plan		
Asset Management		Verified
Hydrograph		
Estimated Hours of Non-Operation Possible		
Asset Number		
Asset Location Map (GIS Map)		



ACCESS REQUEST FORM

For SASD use only:
W/O # _____

Prime Contractor:	Contract #:	Date:
Sub-Contractor:	Project Name: _____	
Contact for Contractor:		
Phone:	<input type="checkbox"/> Work Plan Attached	<input type="checkbox"/> Drawing Attached

***All Confined Space work must include a plan that conforms to the SASD Rehabilitation Standards and Specification section 3.7, and that plan must be attached to this request for review.**

CONTRACTOR WORK PERMIT

Start Date/Time (Minimum 30 days from date submitted):	Completion Date/Time (No more than 14 days from Start Date):
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Reference Contract Drawings/Specifications:

Equipment or System to be Worked On:

Location of Work (Specify Address or APN Please):

Type of Work (check all that apply)	<input type="checkbox"/> Civil	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Instrumentation
	<input type="checkbox"/> Process	<input type="checkbox"/> Coating	<input type="checkbox"/> Hotwork	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Mobilization	<input type="checkbox"/> Traffic/Ped. Access	<input type="checkbox"/> Shutdown	

Description of Work (attach additional pages if necessary):

Tools/Equipment to be Used	<input type="checkbox"/> Cutting/Welding Torches	<input type="checkbox"/> Arc Welders	<input type="checkbox"/> Jack Hammers
	<input type="checkbox"/> Power Saws	<input type="checkbox"/> Grinders	<input type="checkbox"/> Pneumatic Tools
	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Crane	<input type="checkbox"/> Hand Tools
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTRACTOR REMARKS

Comments:

Contractor (please sign and print name)

Date

CMID INSPECTOR / SASD PROJECT MANAGER REMARKS

Comments:

CMID Inspector / SASD Project Manager (please sign and print name)

Date

ASSET MANAGEMENT REMARKS

Comments:

SASD Asset Management (please sign and print name)

Date

CMID INSPECTOR / SASD PROJECT MANAGER SIGNATURE

Recorded & Distributed By: CMID Representative

Phone

Date