100 FEDERAL STREET
Loss Control / Access Coordination Worksheet

Instructions: Complete all boxes that apply below and provide all specific location information as indicated. **Please list floors and impairments requested on separate lines for each day.** Please allow minimum 24 hour notice for fire alarm device deactivations and freight reservations.

Project/Tenant: _____ **General Contractor:** _____
Date Range: _____ **Requested by:** _____
Contact Phone: _____

IMPAIRMENTS

Work Schedule		Duration		Floor	Life Safety Impairments							
Day	Date	Start Time	End Time	Floor	Smoke Detectors	Elevator Recall Smoke Detectors	Preaction System	Sprinkler Work	Sprinkler Vendor	Hotwork	Vendor Performing Hotwork	Special Notes

ACCESS

Work Schedule List each Shift/Delivery Seperately		Duration		Services Requested							
Day	Date	Start Time	End Time	Dock Access	Freight Access	Delivery	Delivery Company	Delivery Type/Material	Trashout	Trashout Company	Dumpster or Live Load	Special Notes