

San Diego International Airport Contractor Interface with Airport Systems Notification Form

Project Information

TI Project #: _____ Project Title: _____

Notification Number: _____ Date Submitted: _____

(Must be submitted a minimum of ten (10) calendar days prior to the start of the work unless requesting an exemption)

Brief Description of Impact on Airport Systems:

Specific Location of Work:

Date(s) of Work:

Start _____ End _____

Time of Work (2300 to 0500 unless specified, or agreed, otherwise):

Start _____ End _____

Affected Facilities and Stakeholders

Facility, Utility, or System

- | | | |
|--|--|--|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Network, Data | <input type="checkbox"/> Elevator |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Access Control System | <input type="checkbox"/> Escalator |
| <input type="checkbox"/> Water | <input type="checkbox"/> CCTV | <input type="checkbox"/> Baggage Handling |
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Paging | <input type="checkbox"/> Loading Bridge |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> EVIDS | <input type="checkbox"/> Airfield Lighting |
| <input type="checkbox"/> NAVAIDS | <input type="checkbox"/> HVAC | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Passenger Screening | <input type="checkbox"/> HVAC Control | <input type="checkbox"/> Storm Drain |
| <input type="checkbox"/> Baggage Screening (EDS) | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Emergency Power |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Fire Detection | <input type="checkbox"/> Lighting Control |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Mechanical _____ | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Exit Doors or Stairs | <input type="checkbox"/> Other _____ |

Authority, Tenants, or other Stakeholders

- | | |
|--|--|
| <input type="checkbox"/> Authority _____ | <input type="checkbox"/> Airlines _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Concessions _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> TSA |
| <input type="checkbox"/> Homeland Security (FIS Areas) | <input type="checkbox"/> FAA |

San Diego International Airport
Contractor Interface with Airport Systems Notification Form

| <u>Signatures</u> | |
|---|-------------|
| <u>Originated by:</u> | |
| Contractor, or Subcontractor Company: _____ | |
| Name: _____ | Date: _____ |
| <u>Requested by:</u> | |
| Prime Contractor Company: _____ | |
| Project Manager: _____ | Date: _____ |
| <u>Reviewed by:</u> | |
| ADC TI Project Manager: _____ | Date: _____ |
| <u>Accepted by:</u> | |
| Authority Contract Manager: _____ | Date: _____ |
| ADC Project Inspector: _____ | Date: _____ |
| ADC SME: _____ | Date: _____ |

Attachments: A: Work plan – including sketches (if applicable)
 B: Emergency Contact List (if applicable)

Distribution: (Response with concerns is due within 48 hours of distribution)

Project Sponsor (if applicable): _____
Information & Technology Services: Director
Risk Management: Manager
Airport Design & Construction: Director, Safety Manager, Construction Manager
Revenue Generation & Partnership Development: Director
Facilities Management: Director
Aviation Security & Public Safety: Director
Environmental Affairs: Director, Manager
Airside & Terminal Operations: Director, Customer Service Coordinator
Marketing & Air Service Development: Director

If applicable:

SDG&E SBC City of San Diego Port District Other

Copy: TI Project File

San Diego International Airport
Contractor Interface with Airport Systems Notification Form

Work Plan

Project Schedule Activity Number: _____ N/A

Critical Path Activity: Yes No N/A

Pre-activity Construction Meeting Date: _____ N/A

Planned Duration (hours) _____ Float (hours) _____

Narrative (include Phasing Plan and sketches), (attach additional sheets if necessary):

Contingency Plan (include a listing of labor, materials, equipment and standby contractors), (attach additional sheets if necessary):
