



Project Title: \_\_\_\_\_  
 Project #: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_

**Tenant Work Plan # \_\_\_\_\_**

JHA Required For Exclusive Activity

Yes/No: \_\_\_\_\_

Specific Location of Work:

Map Attached: \_\_\_\_\_

Tenant or Contractor: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of Work [mm/dd/yy - mm/dd/yy]	Start Time(s):	End Time(s):	Shutdown(s):

**Description of Work:**

**Are there any affected facilities?**

If YES, please check affected Facilities and Stakeholders below:

\*Must be submitted at least fifteen (15) calendar days prior to start of work.

**Facility, Utility, or System**

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

**Authority, Tenants, or other Stakeholders**

<input type="checkbox"/> Authority	<input type="checkbox"/> Airlines	<input type="checkbox"/> FAA
<input type="checkbox"/> Concession/Tenant	<input type="checkbox"/> Homeland Security (FIS Areas)	<input type="checkbox"/> TSA
<input type="checkbox"/> Concession/Tenant Contractors	<input type="checkbox"/> Other: _____	

**Notes:**

Item No.	Activity	Potential Airport Impact	Control Implemented
<b>Mobilization/Set-up/Construction</b>			
1			
2			
3			
4			
5			
6			
7			
8			

	Emergency Contacts	Email	Cell Phone
1			
2			
3			
4	<b>Harbor Police &amp; Fire</b>	<b>Emergency</b>	<b>619-686-8000</b>

\_\_\_\_\_  
 Tenant or Contractor Signature:

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authority Construction Manager

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authority Tenant Improvement Project Manager

\_\_\_\_\_  
 Date