

Tenant Work Plan # _____

Project No. & Name: _____

Date Submitted: _____

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

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

Authority, Tenants, or other Stakeholders

☐ Authority	☐ Airlines	☐ FAA
☐ Concession/Tenant	☐ Homeland Security (FIS Areas)	☐ TSA
☐ Concession/Tenant Contractors	☐ Other: _____	

Notes:

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

	Emergency Contacts	Email	Cell Phone
1			
2			
3			
4	Harbor Police & Fire	Emergency	619-686-8000

Tenant or Contractor Signature:

Date

Authority Construction Manager

Date

Authority Tenant Improvement Project Manager

Date