



**FIFTH THIRD CENTER @ 201 North Tryon Street DAILY ACCESS FORM**

**This form is to be filled in and submitted by 2:00pm two (2) business days prior to the requested work day.** Please reference schedule below for submittal schedule. **For multi-day projects a form must be completed for each 24 hours period.**

**FORMS SUBMITTED BY 2PM ON:**

**EARLIEST ACCESS ON:**

MONDAY	----->	WEDNESDAY
TUESDAY	----->	THURSDAY
WEDNESDAY	----->	FRIDAY
THURSDAY	----->	SATURDAY-MONDAY
FRIDAY	----->	TUESDAY

Contractors/Vendors Access Information		Tenant/Client Information	
Work Date: Start _____ End _____		Floors/Areas Requesting Access	
Work Time: Start _____ End _____			
Vendor/Contractor Name		Tenant/Client Name	
Contact Person		Contact Person	
Phone #		Phone #	
Emergency #		Emergency #	
E-mail Address		PO #/WO/Project #	

**Detailed Description of Work or Reason for Requested Access**

Check Yes or No to all Questions. If Yes, Please Provide Description of Scope:		Shaded section below is to be checked off by Cousins Properties personnel.
Will hot work, sprinkler or fire alarm work (relocation, testing, installation, etc.) occur?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will any work take place that is above ceiling?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will any core drilling, hammer drilling, sanding, or spray applications take place?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF COUSINS IS THE CLIENT, IS COI ON FILE? YES <input type="checkbox"/> N/A <input type="checkbox"/>
Will any power sweeping, pressure washing, hard surface grinding, blowing, steam cleaning, heavy common area dusting or construction cleaning be performed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IS AN IMPAIRMENT REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
Will any work that includes the removal or handling of pressurized gases, filter replacements, fluid draining, pneumatic work, hood maintenance, etc. occur?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IS A HOT WORK PERMIT REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/>
Will any work take place that includes that installation of walls, doors, ceiling tile, floor coverings, relocation of moveable walls, or relocation of office cubes?	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>WILL WORK AFFECT ANY OF THE FOLLOWING?</b> FIRE ALARM SYSTEM <input type="checkbox"/> SECURITY <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> WATER <input type="checkbox"/> TELECOM <input type="checkbox"/> <b>AFTER HOURS:</b> LIGHTS <input type="checkbox"/> AIR <input type="checkbox"/>
Will any electrical work including energizing of new circuits, breakers/panels, rough ins, tie ins, battery maintenance, shuffling of high energy loads, etc. take place?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will property be removed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are there any engineered drawings and are they stamped, approved, and permitted? No electrical work including demolition, and/or installations shall take place without building approval of drawings/load studies/updated panel schedules, etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will any chemicals be used? Examples: solvents, glues, cleaners, lubricants, fuels, paints, stains, refrigerants, compounds, etc. Contractor/Vendor must provide MSDS sheets if requested prior to access form approval.	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Approval Team (Cousins Properties)		Additional Notes/Access Comments	FACP Deactivation Stamp
Property Management: _____	Initials _____ Date _____		<b>WALK TEST IMPAIRMENT SPRINKLER WORK HOT WORK</b>
Engineering: _____			
Security: _____			

### General Contractor/Supervising Contractor Contact List

If you are a **General Contractor or Supervising Contractor** that will utilize more than one individual for project supervision over an extended period of time or shift changes, their information **must** be added in the spaces below. Building Engineering and Security must be able to communicate directly with the individual responsible for supervising work as it occurs.

Supervising GC/Contractor #1	Cell/Primary Phone Number	Email Address
Supervising GC/Contractor #2	Cell/Primary Phone Number	Email Address

### Vendor/Sub Contractor Participants List

This will pertain to projects and construction that involves more than (1) participant. It is of the absolute importance that the access form document be filled out in full to include work scope and description per Vendor/Sub-Contractor.

Vendor/Sub Contractor Name	Office Phone Number	Cell Phone Number

#### Scope of Work

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Vendor/Sub Contractor Name	Office Phone Number	Cell Phone Number

#### Scope of Work

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#### Scope of Work

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Vendor/Sub Contractor Name	Office Phone Number	Cell Phone Number

#### Scope of Work

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All forms must be legible and filled out in their entirety before further form processing will be considered. Any forms not meeting these standards will be discarded and access will be denied. If during the course of the work effort the scope changes or extends beyond what is reflected on the **approved** access form, engineering must be notified before work continues and non-approved deviations may result in work being stopped.

**Asbestos Notice:** This building may contain materials with known, presumed or suspected asbestos. If your work could disturb building materials, contact the Property, Project or Building Manager before proceeding. No asbestos containing material is allowed to be installed in this facility.