

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 Terminal Systems:

Specific Location of Work:

Date(s) of Work:

Start _____ End _____

Time of Work (2200 to 0600 unless specified, or agreed, otherwise):

Start _____ End _____

Affected Terminal Operations

Facility, Utility, or System

- | | | |
|---|---|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> HVAC | <input type="checkbox"/> Emergency Power |
| <input type="checkbox"/> Gas | <input type="checkbox"/> HVAC Control | <input type="checkbox"/> Lighting Control |
| <input type="checkbox"/> Water | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Fire Detection | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Mechanical _____ | <input type="checkbox"/> Other _____ |
| <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"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

<u>Signatures</u>	
<u>Originated by:</u>	
Contractor, or Subcontractor Company:	
Name: _____	Date: _____
<u>Reviewed by:</u>	
Arrive Safety Designate:	
Name: _____	Date: _____
<u>Reviewed by:</u>	
Arrive Project Manager: _____	
_____	Date: _____
<u>Accepted by:</u>	
Arrive Engineer/Coordinator: _____	
_____	Date: _____
Arrive Superintendent: _____	
_____	Date: _____
Arrive SME/MEPF Team: _____	
_____	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
 Airport Design & Construction: Director, Safety Manager, Construction Manager Revenue
 Facilities Management: Director

If applicable:
 Other Copy: T1 File

**SDIA – New T1RP
Contractor Interface 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):
