

Brookfield Properties

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1201 Louisiana Security Access Request Form (After Hours is M-F 5:30 P.M. – 6:30 A.M., all day Weekends & Holidays). Please submit this form to the Management Office via email to susannah.jenkins@brookfieldproperties.com, **24 hours in advance of required access.**

Requestor:		Cell Phone#:		Date Work to be Performed:		
Section 1						
Work/Project Title:		Work Location Building: <input type="checkbox"/> 1AC <input type="checkbox"/> 2AC <input type="checkbox"/> 3AC <input type="checkbox"/> 1600 <input checked="" type="checkbox"/> 1201 <input type="checkbox"/> 601 <input type="checkbox"/> 600 <input type="checkbox"/> 500			Work Start Time:	
					Work End Time:	
Section 2 -- ACM work required - Yes No						
Floor	Room(s)	Lights <input type="checkbox"/>	Air <input type="checkbox"/>	Co Code & Cost Center	Scope of Work Being Performed	
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Section 3 – Contact Information						
Contract Company Name:		Onsite Lead Name:		Onsite Lead's Cell Phone #:		
Contract Company Name:		Onsite Lead Name:		Onsite Lead's Cell Phone #:		
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Section 4 – Comments/Special Instructions:						
Section 5 – Work Impacts:						
Identify Impact to Tenants or Other Trades:						
Fire Alarm Testing:	<input type="checkbox"/>	Floors Impacted:	Elevators Recalled: <input type="checkbox"/>	Stair Well Pressurization Activated: <input type="checkbox"/>	Strobes/ Tones Activated: <input type="checkbox"/>	Mag Locks Disabled: <input type="checkbox"/>
Lock Out Tag Out	<input type="checkbox"/>	Floors Impacted:	Equipment Impacted:			
Loading Dock Access	<input type="checkbox"/>	Loading Dock Access: From: To:	Material Delivery Only or Use of Dumpster: <input type="checkbox"/>			
Freight Elevator Required	<input type="checkbox"/>	Require Use: From: To:				
IT Equip Impacted	<input type="checkbox"/>	Floors Impacted:	Equipment Impacted:			
Section 6 – Operations Support Needs:						
Roving Security Officer Needed:	<input type="checkbox"/>	Dedicated Security Officer Needed:	<input type="checkbox"/>	Electrician Needed:	<input type="checkbox"/>	Operator Needed: <input type="checkbox"/>
Permit to Work Needed:	<input type="checkbox"/>	Desired Time Frame to Obtain Permit to Work: From: To:				
Section 7 – Insurance requirements – Have all insurance requirements been submitted to Building Management office?						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A						

- > Work not requiring dedicated Security or Operations support must be received by 24 hours before the work is to be performed.
- > Work requiring Fire Alarm testing must be received by 48 hours before alarm testing is scheduled.
- > Work requiring dedicated Security Officer, Electrician or Operations assistance must be received 48 hours before scheduled work.
- > Work requiring an entire electrical panel shutdown must be received 5 days before scheduled shutdown.
- > Working requiring IT equipment shutdown must be received 10 days before scheduled shutdown.