

Above the Ceiling Work Permit

Permit issued to: _____ Company: _____

Permit Authorized by: _____

Date Issued: ____/____/____

Time Issued: _____ am/pm

Date Expires: ____/____/____

Time Expires: _____ am/pm

Job Supervisor: _____ Phone number: _____

Location of work:
Building: _____ Department: _____

Scope of work: _____

Above Ceiling Required? Yes No

If Yes above:

Were Penetrations in the existing structure made? Yes No

Were existing penetrations in the existing structure used? Yes No

Responsible party for sealing the penetrations: _____

Type of sealant used: _____

UL approved for use? Yes No

This permit must be returned to Plant Engineering for inspection of the completed work. A signature in the box below indicates that the completed work has been evaluated.

Plant Engineering Use Only:

Completed job inspected by: _____ Date: ____/____/____

Results of inspection: _____ PASS _____ FAIL

Comments: