

**Event Title:**

**Project:** \_\_\_\_\_ **LGH POC:** \_\_\_\_\_

**Date of Submission:** \_\_\_\_\_  
**Submitted By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**General Contractor PM:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Project Superintendent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contractor Performing Work:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Start Time:** \_\_\_\_\_ AM \_\_\_\_\_ PM **End Time:** \_\_\_\_\_ AM \_\_\_\_\_ PM  
**Frequency:** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Other/Building:** \_\_\_\_\_  
**Area(s) of Impact:** \_\_\_\_\_

**Scope of Work/ Additional Info:**

**System 1 Impacted:** \_\_\_\_\_  
**System 2 Impacted:** \_\_\_\_\_  
**System 3 Impacted:** \_\_\_\_\_  
**Other System(s) Impacted:** \_\_\_\_\_

**ILSM Impact:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Type:** \_\_\_\_\_

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**Approvals Requested:**

Facilities Director:	Approval (Initial/Date):
Facilities Manager:	Approval (Initial/Date):
Facilities Lead:	Approval (Initial/Date):
LGH PM:	Approval (Initial/Date):
LGH Safety:	Approval (Initial/Date):

**ILSM Level (by LGH Safety):** \_\_\_\_\_  
**Fire Watch Required:** YES NO

**Additional Safety Notes:**

**Attachments:**