Appendix B

Submit this form to the Property Management Office [Room 200] or email to Dirksen.Bldg.Mgmt@gsa.gov

DIRKSEN COURTHOUSE PROP SHUT DOWN REQUEST FORM	1A. NAME OF EMERGENCY CONTACT	1B. TELEPHONE NUMBER
	2. OFFICE ISSUING PERMIT	

3. LOCATION FOR PERMIT	3A. BUILDING NAME	3B. SPECIFIC LOCATION WITHIN BUILDING

4A. DATE OF WORK	5. DESCRIPTION OF SHUTDOWN:
4B. START TIME ☐ a.m. ☐ p.m.	
4C. STOP TIME ☐ a.m. ☐ p.m.	

6. EQUIPMENT AFFECTED BY SHUTDOWN:

7. LIST OF PROTECTIVE CLOTHING AND EQUIPMENT REQUIRED FOR WORK *(Include personal protection and public production)*

8. NAME OF PERSON PERFORMING WORK	9. NAME OF FIRE WATCH AT SITE

10. EMERGENCY PRECAUTIONS *(Include type of required fire extinguisher)*

11. PREWORK SITE INSPECTOR

11A. SIGNATURE	11B. NAME AND TITLE	11C. DATE

12. PERMIT ISSUED BY

12A. SIGNATURE	12B. NAME AND TITLE	12C. DATE

13. POST-WORK CHECKUP INSPECTOR

13A. SIGNATURE	13B. NAME AND TITLE	13C. DATE

PRINT SAVE AS CLEAR FORM