

**CLINTON REGIONAL HOSPITAL
Above Ceiling Work Permit**

Project General Information

Date:

If a field does not apply, please leave it blank

Project Name:		Company Name:	
Permit Number:		Vendor PM Name:	
Project Start Date:		PM Mobile Phone:	
Project Finish Date:		PM Office Phone:	

Provide a detailed description of the proposed project (including detailed location within facility):

All Completed Preconstruction Risk Assessment Forms completed, and policies reviewed?

yes no

Data information sheet provided for fire stop being installed. (attach with permit)

yes no

Authorization to Proceed with Project

Project Completion Verification and Sign-Off

All penetrations are to be fireproofed daily. Temporary fireproofing is permitted if work in an area exceeds multiple days. No penetration shall remain untreated for more than 24 hours, **NO EXCEPTIONS**. Upon completion of work, all penetrations will be sealed with approved caulk/putty (red in color), or other approved fire stopping system. This includes voids in ends of conduit and sleeves. Once work is completed and inspection scheduled, the vendor is to remove ceiling tiles where penetrations have been made. Once final inspection has taken place, the vendor shall replace all ceiling tiles. All ceiling tiles shall be replaced throughout the work area **EVERY DAY**. The Facility reserves the right to have 48 hours to perform the above ceiling inspection and sign-off once notified by the vendor that work is complete.

Vendor/ Contractor Acceptance- (agrees to terms of permit)

Signed _____ Date _____

Printed _____

Facility Representative Authorization

Signed _____ Date _____

Printed _____

Date of Inspection

Comments/ Requests for Improvement

Contractors: Please note any penetrations from previous vendor work, cabling attached to utilities or sprinkler piping, cover plates missing on electrical boxes or other code deficiencies above the ceiling.

Cables supported properly? yes no

Fire stopping properly installed? yes no

Ceiling tiles replaced? yes no

Director of Plant Ops/ Facility Mgmt Sign-off & Date

X