



SCANNING/X-RAY & CORING WORK PERMIT

CORING

SCANNING

X-RAYING (Safety Plan Required)

GENERAL INFORMATION

TENANT _____

TENANT CONTACT _____ TELEPHONE _____

BUILDING _____ FLOOR (S) _____

GENERAL CONTRACTOR

COMPANY _____

CONTACT NAME _____ TELEPHONE _____

CELLULAR _____ EMAIL _____

SUBCONTRACTOR

COMPANY _____

CONTACT NAME _____ TELEPHONE _____

DATE OF WORK - FROM _____ TO _____

TIME OF WORK - FROM _____ TO _____

FLOORS AFFECTED _____

SECURITY ESCORT REQUIRED

LOCATION North South East West

DESCRIPTION OF WORK:

For office Use Only

Received By [Click here to enter text.](#) _____ Date [Click here to enter a date.](#) _____

Comments [Click here to enter text.](#) _____
