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| **2 Houston Center (909 Fannin St.) Security Access** **Request Form**  (After Hours is M-F 5:30 PM – 6:00 AM, all day on weekends & holidays)  Office: 713-654-4411  **Please email this completed form, with at least 24-hour notice, to the distribution list at the end of this document.** | | | | | | | | | | | | | | | | | |
| **Requestor:**       **Cell Phone#:** | | | | | | | | | | | | | **Date Work to be Performed:** | | | | |
| **Section 1** | | | | | | | | | | | | | | | | | |
| Work/Project Title: | | | | | | | | Work Location Building:  2 Houston Center | | | | | | | Work Start Time: | | |
|  | | | | | | | |  | | | | | | | Work End Time: | | |
| **Section 2 -- ACM work required - Yes No (ACM work can only be performed after normal business hours)** | | | | | | | | | | | | | | | | | |
| Floor | Suite / Room(s) | | | Lights | | | Air | | OT HVAC Requested via Genea | | | Scope of Work Being Performed | | | | | |
| Floor | Suite / Room(s) | | | Lights | | | Air | | OT HVAC Requested via Genea | | | Scope of Work Being Performed | | | | | |
| Floor | Suite / Room(s) | | | Lights | | | Air | | OT HVAC Requested via Genea | | | Scope of Work Being Performed | | | | | |
| **Section 3 – Contact Information** | | | | | | | | | | | | | | | | | |
| Contract Company Name: | | | | | | | | Onsite Lead Name: | | | Onsite Lead’s Cell Phone #: | | | | |  | |
|  | | | | | | | |  | | |  | | | | |  | |
| Contract Company Name: | | | | | | | | Onsite Lead Name: | | | Onsite Lead’s Cell Phone #: | | | | |  | |
|  | | | | | | | |  | | |  | | | | |  | |
| **Section 4 – Comments/Access Instructions: (THIS SECTION MUST BE COMPLETED)** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Section 5 – Work Impacts: (THIS SECTION MUST BE COMPLETED)** | | | | | | | | | | | | | | | | | |
| Identify Impact to Tenants or Other Trades: | | | | | | | | | | | | | | | | | |
| **Fire Alarm Testing**: | |  | Floors Impacted: | | | Elevators Recalled: | | | | Stair Well Pressurization Activated: | | | | Strobes/ Tones Activated: | | | Mag Locks Disabled: |
| **Lock Out Tag Out** | |  | Floors Impacted: | | | | | | Equipment Impacted: | | | | | | | | |
| **Loading Dock Access** | |  | Loading Dock Access:  From:  To: | | | | | | Material Delivery Only or Use of Dumpster**:** | | | | | | | | |
| **Freight Elevator Required** | |  | Require Use**:**  From:       To: | | | | | | | | | | | | | | |
| **IT Room Access** | |  | Floors Requested: | | | | | | Scope of Work: | | | | | | | | |
| **Section 6 – Operations Support Needs:** | | | | | | | | | | | | | | | | | |
| Roving Security Officer Needed: | | | | | Dedicated Security Officer Needed: | | | | | |  | | | | |  | |
| Permit to Work Needed: | | | | | Desired Time Frame to Obtain Permit to Work: (NOTE: Permit may not be issued earlier than 1 hour before start of work)  From:       To: | | | | | | | | | | |  | |
| **Section 7 – Insurance requirements – Have all insurance requirements been submitted to Building Management office?** | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | | | | | | | | | | | | | |
| **Section 8 – Distribution List** | | | | | | | | | | | | | | | | | |
| [Selina.Fulghum@brookfieldproperties.com](mailto:Selina.Fulghum@brookfieldproperties.com); [kristin.mcdonald@brookfieldproperties.com](mailto:kristin.mcdonald@brookfieldproperties.com); [Joseph.Ulrich@brookfieldproperties.com](mailto:Joseph.Ulrich@brookfieldproperties.com); [Jose.Elias@brookfieldproperties.com](mailto:Jose.Elias@brookfieldproperties.com) ; gemma.buchanan@brookfieldproperties.com | | | | | | | | | | | | | | | | | |

Please be advised that receipt of this form by Brookfield does not constitute security clearance on the desired date(s) or time(s). Access is contingent upon previously scheduled reservations. Please call to confirm that security clearance will be provided. A Certificate of Insurance must be provided prior to access, if not currently on file with Brookfield.