



SUSPENDED ACCESS EQUIPMENT USE REQUEST

Mandatory fields must be completed to prevent processing delays. Minimum 48 hours' notice required.

GENERAL INFORMATION (Mandatory)

CLIENT _____
CLIENT NAME _____ TELEPHONE _____
BUILDING _____ DATE OF REQUEST _____

CONTRACTOR / SERVICE PROVIDER INFORMATION (Mandatory)

COMPANY _____
CONTACT NAME _____ TELEPHONE _____
CELLULAR _____ EMAIL _____

PROJECT INFORMATION (Mandatory)

DESCRIPTION OF SERVICE _____

EQUIPMENT REQUIRED:

SWING STAGE (Permanent) SWING STAGE (Temporary) DAVIT BASES DAVIT ARMS
 ANCHORS OTHER – If tying off to other equipment, please describe: _____

DATE OF WORK - from _____ to _____

TIME OF WORK - from _____ to _____

DESCRIPTION OF HOW EQUIPMENT WILL BE USED (Mandatory):

Note: Attach sketch and/or photographs to indicate which equipment (e.g. which anchors) will be used and how it will be used.

LIST OF EMPLOYEES WHO WILL BE USING THE EQUIPMENT (Mandatory):

EMPLOYEE TRAINING:

FALL ARREST
 SWING STAGE OPERATION
 DOCUMENTS AND RECORDS (Relevant training certificates must be attached)

The contractor acknowledges that the listed employees have all be trained in the relevant aspects of fall arrest and suspended access. **Initial here:** _____

Submit this form to CF CONNECT (cfconnect@cadillacfairview.com) and copy the CF Manager that is assigned to the tenant/landlord project.