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| ABOVE CEILING WORK PERMIT  RATED BARRIER  THIS PERMIT SHALL BE POSTED | | | | | |
| DATE ISSUED | | | **ISSUED TO** | | |
|  | | |  | | |
| START DATE | | | **COMPANY NAME** | | |
|  | | |  | | |
| ESTIMATED COMPLETION | | | **WILL A RATED BARRIER BE PENETRATED** | | |
|  | | | YES | | NO |
| LIFE SAFETY PLANS HAVE BEEN REVIEWED AND ARE ATTACHED | | | **IF YES – WHAT TYPE OF FIRE STOP SYSTEM WILL BE USED** | | |
| YES | NO | |  | | |
| WORK REQUESTED BY DEPARTMENT | | | **NAME OF REQUESTER** | | |
|  | | |  | | |
| PERMIT ISSUED BY DEPARTMENT | | | **NAME OF REQUESTER** | | |
|  | | |  | | |
| LOCATION WORK TO BE PERFORMED | | | | | |
| BUILDING | | **FLOOR** | | **ROOM #** | |
| DESCRIPTION OF WORK | | | | | |
| PERMIT PROCEDURES | | | | | |
| Step 1   * Install infection control barriers as needed per UIHC Infection Control Policy (ICRA)   Step 2   * Perform an assessment above ceiling and note any pre-existing deficiencies.   Items may include:   * + Wires, conduit, duct work, etc. on or being support by fire sprinkler piping   + Open penetrations in rated barrier (view wall rating stencil to determine barrier type)   + Sleeves and conduit stub-outs in corridor walls not smoke sealed (inside of sleeve or conduit)   + Open junction boxes   + Temporary wiring (extension cords)   + Broken, damaged or stained ceiling tiles   Step 3   * Report all pre-existing deficiencies to UIHC Life Safety Manager via email or online submittal process   Step 4   * Conduct work above ceiling per work request | | | **SUBMIT FINDINGS**  VIA EMAIL TO: [andrew-kuse@uiowa.edu](mailto:andrew-kuse@uiowa.edu)  VIA ONLINE SUBMITTAL:  C:\Users\akuse\Downloads\frame (1).png | | |
| PERMIT Approved by | | | Date of approval | | |
|  | | |  | | |
| When work is complete return this permits to UIHC Life Safety Manager (Andy Kuse – GH C116 – 200 Hawkins Drive – Iowa City, IA) | | | | | |

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| University of Iowa  Hospitals and Clinics |

ABOVE CEILING PERMIT

This permit shall be posted during above ceiling work activities.