

FACILITY IMPACT REQUEST FORM

SUBMISSION DATE:		DAS FIR # (INTERNAL)	
SUBMIT THIS FORM A MINIMUM OF TEN (10) BUSINESS DAYS PRIOR TO WORK START DATE			
RUSH REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO (FIVE (5) BUSINESS DAYS PRIOR TO WORK START DATE)			
RUSH EXPLANATION: (REQUIRED)			
EMERGENCY REQUEST YES (THREE (3) BUSINESS DAYS PRIOR TO WORK START DATE)			
EMERGENCY APPROVAL SIGNATURE:			
(AD, Superintendent, or designee)			
PROJECT CONTACTS			
TENANT (REQUIRED)		PRIMARY CONTRACTOR	DAS EMPLOYEE (REQUIRED)
NAME:		NAME:	NAME:
PHONE:		PHONE:	PHONE:
EMAIL:		EMAIL:	EMAIL:
PROPOSED ACTIVITY			
DESCRIPTION OF SCOPE OR ACTIVITY: (REQUIRED)			
ANTICIPATED OR POTENTIAL IMPACT: (REQUIRED)			
RISK MITIGATION PLAN FOR ACTIVITY: (REQUIRED)			
SPECIFIC LOCATION (REQUIRED)			
ACTIVITY START DATE:	ACTIVITY END DATE:	START TIME: 24 HR FORMAT	END TIME: 24 HR FORMAT
WILL YOU BE WORKING WEEKENDS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DAS SYSTEM		DIVISION IMPACT OF PROPOSED ACTIVITY	
<input type="checkbox"/> DAL Dallas Love Field	<input type="checkbox"/> Airside Operations	<input type="checkbox"/> HVAC	<input type="checkbox"/> Mechanical <input type="checkbox"/> Security
<input type="checkbox"/> DEA/RBD Dallas Executive	<input type="checkbox"/> Electrical	<input type="checkbox"/> IT	<input type="checkbox"/> Parking <input type="checkbox"/> Terminal Operations
<input type="checkbox"/> T49 Vertiport	<input type="checkbox"/> Fire Control	<input type="checkbox"/> Landside	<input type="checkbox"/> Plumbing
<input type="checkbox"/> STERILE	<input type="checkbox"/> SECURED	<input type="checkbox"/> UNSECURED	
COMPLIANCE IMPACT OF PROPOSED ACTIVITY			
ADA PERMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
MATERIALS/TOOLS STORED; LOCATION:			
HAZARDOUS MATERIAL; LIST:			
DUMPING MATERIALS; WHERE:			
* REQUIRED ACCESS INFORMATION *			
DO YOU POSSESS A DAL AIRPORT BADGE/ID? <input type="checkbox"/> Yes <input type="checkbox"/> No		BADGE ID # (REQUIRED)	
ARE YOU BEING ESCORTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU ESCORTING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ESCORT COMPANY:		If Yes how many?	
ESCORT NAME:		ESCORT PHONE:	
IS VEHICLE ACCESS REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
BRINGING TOOLS INSIDE THE STERILE AREA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Complete: STERILE AREA TOOL INSPECTION FORM			
SUBMIT COMPLETED TOOL FORM TO BOTH: AVIASC@DALLAS.GOV AVILSO@DALLAS.GOV			
AIRPORT COMPLIANCE AND INFORMATION			
***IS A FAA AIRSPACE STUDY (FORM 7460-1) REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, ALL ON-AIRPORT PROJECTS MUST BE SUBMITTED THROUGH THE DEPARTMENT OF AVIATION'S AUTHORIZED INDIVIDUAL. FAA PROCESS TYPICALLY TAKES 60-90 DAYS TO COMPLETE FROM DATE OF SUBMISSION. FAA AIR SPACE FORM 7460-1			
*CONTRACTOR MUST NOTIFY THE AIRPORT OPERATIONS CENTER (AOC) AT 214-670-LOVE (5683) EACH DAY AT THE BEGINNING OF WORK, END OF WORK, AND IF WORK IS RESCHEDULED. IF YOUR VEHICLE DOES NOT HAVE A PLACARD, PARKING PASSES ARE AVAILABLE AT THE GUARD SHACK LOCATED IN THE CONTRACTOR PARKING LOT; IF UNABLE TO LOCATE THE GUARD, CALL AOC AND THEY WILL ASSIST YOU.			

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***CONTRACTORS MUST HAVE WORK ZONES INSPECTED AND CLEARED AT THE END OF EACH WORKDAY BY THE DEPARTMENT OF AVIATION TERMINAL OPERATIONS FOR INTERIOR WORK. EXTERIOR WORK WILL BE INSPECTED BY AIRSIDE OPERATIONS. DOA FACILITIES STAFF MUST CONFIRM RETURN-TO-SERVICE OF ANY BUILDING SYSTEMS THAT WERE TAKEN OFF-LINE DURING WORK PERIOD. ALL INSPECTIONS MUST BE COORDINATED THROUGH AIRPORT OPERATIONS CENTER (AOC) AT 214-670-LOVE (5683).**

***FOR ALL TELEPHONE OR DATA CABLING, COORDINATE WITH OWNER AT AOT@DALLAS.GOV AND YOUR COMMUNICATIONS PROVIDER PRIOR TO INSTALL DATE.**

***ALL MATERIALS, FURNITURE, ETC. MUST BE INSPECTED PRIOR TO BEING ALLOWED INTO THE STERILE OR SECURED AREA. PLEASE COORDINATE SECURITY INSPECTIONS WITH AVIASC@DALLAS.GOV**

ACKNOWLEDGEMENT

***NO WORK SHALL BE PERFORMED OR COMPLETED OTHER THAN SPECIFIED ON THE CURRENT F.I.R.**

***EXTENTIONS MUST BE APPROVED PRIOR TO EXPIRATION DATE**

BY CHECKING THIS BOX, YOU ACKNOWLEDGE REVIEWING THIS FIR AND HAVE CONSIDERED ALL POSSIBLE IMPACTS TO THE FACILITY AND AGREE TO FOLLOW ALL DAS RULES AND REGULATIONS

[*DAL AIRPORT RULES AND REGULATIONS](#)

[*DEA AIRPORT RULES AND REGULATIONS](#)

NAME:

DATE:

FIR RESPONSE

APPROVE

REJECT

DENY

CANCEL

REASON:

FIR TEAM SIGNATURE:

DATE:

ATTENTION:

***RECEIVERS:** A completed form AVI-FRM-115.CD is required. If you have any concerns or feel a project will impact your specific division, please express that in the allotted time frame listed on each type of FIR.

***SUBMITTERS:** It is crucial to convey the entirety of your proposed work for this form. If there are any corrections, changes, or updates regarding this FIR, you are required to re-submit an updated FIR. Please pay attention to comments from AVI personnel, FIR's will not be approved after the date listed if a response is not attached to this email.

***Failure to comply will result in the denial of your FIR and a possible delay to your project.**