

Submit 5 days in advance to CapU Liaison for approval

Project Name:	Start Date:
CapU Liaison:	Office/Cell:
Company Name:	Office:
Site Supervisor:	Cell:

- This form shall be initiated by the Contractor or Subcontractor requesting the use of CapU owned/leased Tools/Equipment
- This form shall be sent to the CapU Liaison for scheduling
- Upon verification, the CapU Liaison will send notification to

PLEASE CONTACT THE CAPU LIAISON FOR ADDITIONAL INFORMATION

Project Information

Tool/Equipment Requested::	Date(s) Required:
Start Time:	End Time:
Operator:	Operator's Certification Expiry Date:
Scope of Work – system components and area being affected (attach additional documentation as required)	

Contractor Signature & Date

Facilities Verification

CapU Liaison Signature & Date

Notes:

Work Complete

Tool/Equipment Returned	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Return:
Damages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Notes:
Fully Operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Contractor Signature & Date			CapU Liaison Signature & Date