

**Riser Access request:**

Contractor: \_\_\_\_\_

Telephone number of contractor: \_\_\_\_\_

Work performed for (Tenant Name and contact): \_\_\_\_\_

Date: \_\_\_\_\_

Technician name and phone number: \_\_\_\_\_

Risers affected by work: (list all floors)	
What is the scope of work to be performed? List below:	

Post installation information:		
Were additional horizontal or vertical penetrations installed in the riser?	Yes	No
If new horizontal or vertical penetrations were installed, were proper firestop systems installed?	Yes	No
Are the cable bundles labeled with customer name, date installed, to and from information on all impacted floors?	Yes	No
Were existing firestop materials impacted by this installation?	Yes	No
If yes, were they replaced properly?	Yes	No

Checked by: (Building Engineer)	
Date:	
Riser Management (CSS) review:	
Date:	
Reviewed by:	

**NOTE: Allow up to 48 hours for approval of access request, submit request to building management for approval. Email form to [225Capella@css-mn.com](mailto:225Capella@css-mn.com) upon completion of form.**