



Operations Checklist

Airside Lands

(OPS2)

All Applicants please complete the following questions about the potential operational effects of the project construction and operation activities:

Project Name: _____

Contact Name and phone number: _____

Note: *If additional space is required please attach additional sheets and indicate "see attached"*

1. Will you require access to the aircraft movement surfaces? (e.g. - runways , taxiways, infields, or Apron taxi lanes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you require the use of cranes or lifting equipment?(e.g.- tower/mobile cranes, pumper truck, HIAB or Stingers, man hoists, lifts, cherry pickers, pile driving equipment...) If yes provide details on location and maximum height:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will you be required to shut down any aircraft gates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will your work impact any passenger, tenant or airline processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you be required to close any roadways?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you be required to impact normal baggage system operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Once airside, will your work require you to penetrate the Primary Security Line? Primary Security Line – (PSL) is the perimeter fence surrounding the airport or any access points leading to the Airside lands)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will you be required to interrupt any utilities? (water, sewer, storm, gas, electrical)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will you be applying for any additional permits? (e.g. – hot work, lockouts, crane, excavation, cutting or coring...)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of applicant