JOHN WAYNE AIRPORT
ORANGE COUNTY

LOCATION SHUTDOWN WORKPLAN OUTLINE

COMPANY/DEPARTMENT NAME	
REQUESTOR NAME	
PHONE NUMBER	
EMAIL ADDRESS	

PROVIDE OVERVIEW OF THE LOCATION SHUTDOWN *(Please specify what is being done, where, by who, and why)*

_____

MAPS, PICTURES, AND/OR OTHER SUPPORTING DOCUMENTS ATTACHED? YES NO
(If yes, please attach them on Page 4 and 5)

_____

WORK PLAN REQUIREMENT	**Yes**	**No**	**Description**
Security	☐	☐	_____
ACAMS	☐	☐	_____
Police	☐	☐	_____
Traffic Control	☐	☐	_____
Barricades	☐	☐	_____
Temporary Signage	☐	☐	_____

IMPACT ANALYSIS

IMPACTED FACILITIES	Yes	No	Description
Terminal	☐	☐	_____
Parking Structure	☐	☐	_____
Other Buildings	☐	☐	_____
Roads	☐	☐	_____
Airfield	☐	☐	_____
Other (Specify)	☐	☐	_____

IMPACTED PARTIES	Yes	No	Description
Airlines	☐	☐	_____
Concessions	☐	☐	_____
Passengers	☐	☐	_____
Other Contractors	☐	☐	_____
FAA	☐	☐	_____
TSA	☐	☐	_____
Other (Specify)	☐	☐	_____

IMPACTED OPERATIONS	Yes	No	Description
Traffic	☐	☐	_____
Pedestrian Flow	☐	☐	_____
Area Access	☐	☐	_____
Restrooms	☐	☐	_____
Baggage Handling	☐	☐	_____
Gates	☐	☐	_____
Elevator	☐	☐	_____
Escalator	☐	☐	_____
Parking Lots	☐	☐	_____
Other (Specify)	☐	☐	_____

LOGISTICS

- Who will be On-Site?

Company Name	Person to Contact	Phone Number

- Where will people meet?

_____

- Where will people park?

_____

- How will vehicles be marked?

_____

- Where will the Coordination and Safety Meeting be held?

_____

- Who will escort who?

_____

- What are the routes to and from the worksite?

_____

- Will an inspection be required? If yes, by who?

_____

SAFETY PLAN

- Who will be completing Job Hazard Assessment (include PPE Plan) (JHA)? Indicate name, title, and contact information for individual(s) who will be onsite.

  _____

- Have all workers been briefed on how to report safety hazards, incidents?
  Call Safety and Loss Control at **714-271-6892**.

  _____

- Have all workers been briefed on how to report medical emergency, suspicious activity, Airport ID Badge access and lost badge issues? Call the Airport Communications Control Center at **949-252-5000**.

  _____

- Company/Firm Contract Specific Safety Plan

  _____

PROJECT/TASK RISK MITIGATION PLAN (*Please specify what is the plan if things don't go as planned)*

- If different tools or equipment are needed? *(Please list in detail)*

  _____

- Unforeseen impacts on other assets?

  _____

- Correct people don't show up?

  _____

- Assets don't come back online?

  _____

REQUESTOR SIGNATURE: _____ **DATE:** _____

MAPS, PICTURES, AND/OR OTHER SUPPORTING DOCUMENTS

(Please attach here)

MAPS, PICTURES, AND/OR OTHER SUPPORTING DOCUMENTS (Continued)

(Please attach here)