



BUILDING GATE PASS

Building Gate Pass No. : _____
 Name of Tenant : _____ Floor : _____
 Carrier/Company : _____ Date : _____
 Name of Authorized Carrier : _____ Signature : _____
 Nature of Transaction : Delivery Pull-out

Specifications: (Please use back page for additional items)				
Item No.	Item Description (describe item in detail)	Qty.	Unit	Purpose

To be filled up completely by authorized signatory.

USE FOR SERVICE ELEVATOR

Time From : _____ Time To : _____
 Person-In-Charge : _____ Contact No. : _____

Authorized by the Tenant's Representative:	Signed by the Authorized Carrier:
Print Name:	Print Name:
Signature:	Signature:
Date:	Date:

Approved for Release by:	Released by Guard-on-duty:
Valid up to:	To record workers time in/out and equipment in the security logbook
Admin:	Print Name:
PE:	Signature:
PM/BM:	Date:

- The Tenant's Contractor shall make sure that there will be no damage to the surrounding area;
- Any damage to the surrounding area caused by negligence shall be charged to the Tenant's Contractor;
- The Tenant's Contractor must clean up the area after work.

Notes:

- Gate pass approval is from Mondays-Fridays, 8:00 AM- 3:00 PM;
- Accomplish this form in three (3) copies: (1) Tenant (2) Security and (3) PM.