NEW YORK CITY DEPARTMENT OF EDUCATION DIVISION OF SCHOOL FACILITIES OFFICE OF BUILDING SERVICES

EHS Work Notification Form

TO:	Mr./Ms	Custodian	of	(school)
This is	to inform you that I	Mr./Ms		(name), is the
assigned project manager for				(Company Name) fo
abater	ment work to be don	e at		(school name).
Mr./Ms	S			(name), is the
assign	ed Contract Manag	er for DSF's EHS Unit, and the Safe to	Occupy	Letter will be provided by the consultant
				(Company Name) assigned to the
projec	t by EHS.			
The ar		ctly and/or indirectly affected by the sa		nclude (list area).
The w	ork will start on	(date)		(time) and the
anticip	ated completion da	te is	_ (date).	The work will take place during the
followi	ng hours			
	ure/Date			