

<b>Name of Contractor:</b> _____ <b>Project Name:</b> _____ <b>Location:</b> _____ <b>Estimated Start Date:</b> _____ <b>Finish Date:</b> _____ <b>Project Manager:</b> _____ <b>Site Foreman:</b> _____ <b>Tel #:</b> _____	<b>Operations Manager Notified:</b> _____ <b>Tenant Authorizing Work &amp; Tel:</b> _____ <b>TYPE OF WORK:</b> <input type="checkbox"/> Industrial/ Operations Work <input type="checkbox"/> Electrical <input type="checkbox"/> Construction/Renovation Project <input type="checkbox"/> Maintenance <b>Elevator required (Date &amp; Time):</b> _____ (Contractor is responsible for making arrangements with Receiving)
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**Fire Alarm Disabling:** Yes \_\_\_\_\_ No \_\_\_\_\_      **Identify device to be disabled:** \_\_\_\_\_

Contractor is responsible for notifying Building Services before and after disabling devices.

Contractors are responsible for safety of the premises while devices are disabled.

**PLEASE REFER TO SECTION 5.18 & 5.19 OF THE FIRST CANADIAN PLACE GUIDELINES FOR TENANT IMPROVEMENTS**

**CONTRACTOR(S) WILL COMPLY WITH SECURITY CLEARANCE PROCEDURES AND FIRE PROCEDURES**

PRECAUTIONS TO BE OBSERVED BY CONTRACTOR PERSONNEL (as applicable)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

The completion of the Special Precaution or Protection checklists in whole or in part does not limit the worker or contractor's safety measures, control and procedures required to complete this project. Any work arising from this project must be performed in full accordance with the applicable Occupational Health and Safety Act and provincial regulations for this jurisdiction. This permit does not replace all other work permits required under legislation.

PROJECT HAZARDS AND REQUIREMENTS			
<b>GENERAL EMERGENCY</b>			
<input type="checkbox"/> Telephones/ EMERGENCY NUMBERS (Security, Medical, EH&S) <input type="checkbox"/> Emergency Route Plan/ Posted <input type="checkbox"/> Generated Waste Storage/Removal			
COMMENTS			
<b>EQUIPMENT / MACHINERY</b>			
<input type="checkbox"/> Extension Ladders (Non-aluminium) <input type="checkbox"/> Elevated Work Platforms <input type="checkbox"/> Scaffold <input type="checkbox"/> Mechanized Equipment <input type="checkbox"/> Step Ladders (Non-aluminium) <input type="checkbox"/> GFCI's/ Extension Cords <input type="checkbox"/> Jackhammer <input type="checkbox"/> Other:			
COMMENTS			
<b>HAZARDOUS MATERIALS/ OCCUPATIONAL EXPOSURES</b>			
<input type="checkbox"/> Solvents <input type="checkbox"/> Flammables <input type="checkbox"/> Toxic Substance <input type="checkbox"/> Reactive materials <input type="checkbox"/> Compressed Gases <input type="checkbox"/> Corrosives <input type="checkbox"/> Designated Substances <input type="checkbox"/> Biological <input type="checkbox"/> x-ray (permit required) <input type="checkbox"/> Radiological <input type="checkbox"/> Other:			
COMMENTS			
<b>PHYSICAL HAZARDS/ POTENTIAL ENERGY SOURCES</b>			
<input type="checkbox"/> Roof Access (permit required) <input type="checkbox"/> Hot Work <input type="checkbox"/> Shutting Down Fire Protection System <input type="checkbox"/> Excavation Permit Required <input type="checkbox"/> Commissioning /Live Work <input type="checkbox"/> Fire Extinguisher Hazardous Energy: <input type="checkbox"/> Locked Out <input type="checkbox"/> Tagged Out <input type="checkbox"/> Proven <input type="checkbox"/> Compressed Air Exposure to: <input type="checkbox"/> Radiation: <input type="checkbox"/> Laser <input type="checkbox"/> Arc weld			
COMMENTS			
<b>PERSONAL PROTECTIVE EQUIPMENT REQUIRED</b>			
<input type="checkbox"/> Fall Arrest Systems <input type="checkbox"/> Approved Headwear <input type="checkbox"/> Protective Eyewear <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Safety Footwear <input type="checkbox"/> Green Patch (CSA Rating)			
COMMENTS			
<b>OCCUPANCY PROTECTION</b>			
<input type="checkbox"/> Signage/ Barriers <input type="checkbox"/> Pylons/ Cones <input type="checkbox"/> Fencing / Hoarding <input type="checkbox"/> Dust Control Advise of Location of <input type="checkbox"/> Buried <input type="checkbox"/> Overhead Services                        Excavation: <input type="checkbox"/> Hand <input type="checkbox"/> Machine <input type="checkbox"/> Sewers and Drains Protected			
COMMENTS			
<b>CONTRACTOR ACKNOWLEDGMENT:</b> By signing below, Contractor irrevocably acknowledges that (a) it understands and has knowledge of Brookfield Properties' Health and Safety Program and the specific hazards and precautions noted herein, (b) it has received all safety training required to perform the work noted herein, and (c) violations of Brookfield Properties' Health and Safety Program may result in removal from the property and Brookfield Properties' approved contractor list. Except where the work to be performed is pursuant to a contract with the building owner(s) and/or its property manager, the Contractor hereby irrevocably acknowledges, recognizes and agrees that neither the building owner(s) nor its property manager has requested the work from the Contractor and that the Contractor's work is not being performed for, on or with the building owner(s) and/or its property manager's credit, behalf, privity, consent or direct benefit.			
<b>CONTRACTOR'S SUPERVISOR NAME (PRINT)</b>		<b>CONTRACTOR'S SUPERVISOR'S SIGNATURE</b>	
Work Permit Reviewed By (Print name) (FCP Building Operator)		Signature	

**Call Building Services 416.862.6328 to notify of any changes**