

Double Side Form
See Reverse Side

THIS FORM MUST BE SUBMITTED TO THE SECURITY DESK OR MANAGEMENT OFFICE LOCATED AT 2 QUEEN ST E. SUITE 120, AT LEAST 48 HOURS PRIOR TO THE COMMENCEMENT OF WORK FOR APPROVAL.

SWAP Form # _____

TENANT INFORMATION REQUESTING ACCESS

TENANT NAME _____ INDIVIDUAL NAME _____
PHONE Business Hours _____ PHONE After Hours _____

COMPANIES AND INDIVIDUALS REQUIRING ACCESS*

| | COMPANY NAME | INDIVIDUAL NAME | Keys/Card Req'd | Badge # |
|----|--------------|-----------------|-----------------|---------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ |

See Attached List for Additional Names

** For Fire Panel or Sprinkler Impairment a separate SWAP Form is required for each contractor*

WORK INFORMATION

Dates: Start _____ End _____ Floor(s): _____
Time: (Mon-Fri) Start _____ End _____ Floor(s): _____
Time: (Sat, Sun, Hol) Start _____ End _____ Floor(s): _____
(Other tenant)
(Other tenant)

Brief description of work to be performed: _____

ADDITIONAL ACCESS REQUIRED

Telephone Room(s) CACF Roof
 Mechanical Room(s) Boiler Room Other: _____
 Electrical Room(s) Chiller Room

ELEVATOR AND LOADING DOCK REQUIREMENTS

(availability is not guaranteed)

Vehicle length restriction of 32' (fixed axel only) and a height restriction of 13'

Service Elevator *All bookings must be made outside of regular business hours
7am to 6pm is reserved for small/short deliveries, 20 min MAX
No contractor parking at the dock*
 Loading Dock

Delivery Company _____ Date Required _____ Time _____

OTHER REQUIREMENTS

Safety Work Permit Smoke By Pass
 Security Guard Escort Electrical
 Hot Work (permit required) Mechanical
 Sprinkler By Pass Other: _____

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

GENERAL EMERGENCY

- Telephones/ EMERGENCY NUMBERS (Security, Medical, EH&S)
- Emergency Route Plan/ Posted Comments: _____
- Generated Waste Storage/Removal _____

EQUIPMENT / MACHINERY

- Elevated Work Platforms Scaffold
 - Extension Ladders (Non-aluminum) Step Ladders (Non-aluminum)
 - GFCI's/ Extension Cords Other: _____
 - Mechanized Equipment _____
- Comments: _____

HAZARDOUS MATERIALS/OCCUPATIONAL EXPOSURES

- Solvents Toxic Substance X-ray (permit required)
 - Compressed Gases Designated Substances Radiological
 - Flammables Reactive Materials Other: _____
 - Corrosives Biological
- Comments: _____

PHYSICAL HAZARDS / POTENTIAL ENERGY SOURCES

- Roof Access (waiver required) Hot Work (permit required) Fire Extinguisher
 - Shutting Down Fire Protection System Excavation Permit Required Confined Space Entry Permit
 - Rescue Plan in Place & Reviewed Commissioning / Live Work Hazardous Energy
 - Compressed Air
- Exposure to:
- Radiation
 - Laser
 - Arc Weld
- Locked Out
 Tagged Out
 Proven
- Comments: _____

PERSONNEL PROTECTIVE EQUIPMENT REQUIRED

- Protective Eyewear Hearing Protection Fall Arrest Systems
 - Safety Footwear Green Patch (CSA Rating) Approved Headwear
- Comments: _____

OCCUPANCY PROTECTION

- Signage / Barriers Pylons / Cones Fencing / Hoarding
 - Dust Control Sewers & Drains Protected Approved Headwear
- Advise Location of: Buried Overhead
- Comments: _____

CONTRACTOR ACKNOWLEDGEMENT: 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 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.

 CONTRACTOR'S SUPERVISOR NAME (PRINT) CONTRACTOR'S SUPERVISOR SIGNATURE

BROOKFIELD PROPERTIES AUTHORIZATION

 AUTHORIZED BY (PRINT & SIGN) DATE AUTHORIZED

DISTRIBUTE COPIES TO:

- Operations Loading Dock Other _____
- Security Management Office