



BUILDING: _____ PRIMARY ACCESS LOCATION: _____

TENANT INFORMATION REQUESTING ACCESS

_____	_____	_____
Tenant Name	Phone No. (Work)	Phone No. (After Hours)
_____	_____	
Individual Name	Individual Name Signature	

COMPANIES AND INDIVIDUALS REQUIRING ACCESS

_____	_____	_____	_____
Company Name	Name of Individual Requiring Access	Keys Req'd	Card Req'd
_____	_____	_____	_____
Company Name	Name of Individual Requiring Access		
<input type="checkbox"/> See Attached List for Additional Names			

WORK INFORMATION

DATES: _____

TIMES: FROM: _____ **TO:** _____
Monday to Friday Saturday, Sunday and Holidays

DESCRIPTION OF WORK TO BE PERFORMED: _____

Location(s) Required Access To: Access To Another Tenant's Premise Yes

Telephone Room CACF Room Roof
 Mechanical Room Boiler Room Other
 Electrical Room Chiller Room

_____	_____	_____
Location	Tenant Name	Floor

ELEVATOR AND LOADING DOCK REQUIREMENTS

All bookings should be placed through Tenant Services Coordinator (availability is not guaranteed)

BOOKING INFORMATION	Elevator	Loading Dock	Oversized Parking	See Attached List
_____	_____	_____	From: _____ To: _____	Required Times
Delivery Company	Dates Required			

OTHER REQUIREMENTS

REQUIRED SAFETY WORK PERMIT: Yes **SECURITY REQUIRED:** Yes

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.

See Reverse Side - Double Sided Form

SAFE WORK & ACCESS PERMIT





SAFE WORK & ACCESS PERMIT

SAFE WORK PERMIT PORTION
PROJECT HAZARDS AND REQUIREMENTS

GENERAL EMERGENCY

- Telephones / Emergency Numbers (Security, Medical, EH & S)
Generated Waste Storage / Removal
Emergency Route Plan / Posted

Comments:

EQUIPMENT / MACHINERY

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

Comments:

HAZARDOUS MATERIALS / OCCUPATIONAL EXPOSURES

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

Comments:

PHYSICAL HAZARDS / POTENTIAL ENERGY SOURCES

- Shutting Down Fire Protection System, Fire extinguisher, Attendant, Commissioning / Live Work, Hazardous energy, Exposure to, Locked Out, Radiation, Roof Access (permit required), Excavation (permit required), Rescue plan in place and reviewed, Compressed Air, Tagged Out, Laser, Hot Work (permit required), Confined Space entry permit, Proven, Arc weld

Comments:

PERSONNEL PROTECTIVE EQUIPMENT REQUIRED

- Protective Eyewear, Safety Footwear, Fall Arrest Systems, Hearing Protection, Approved Headgear, Green Patch (CSA Rating)

Comments:

OCCUPANCY PROTECTION

- Dust Control, Signage / Barriers, Pylons / Cones, Sewers and Drains Protected, Advise of location of: Fencing / Hoarding, Buried, Overhead Services, Excavation: Hand, Machine

Comments:

CONTRACTOR ACKNOWLEDGMENT: By signing below, Contractor irrevocably acknowledges that (a) it understands and has knowledge of GWLRA's 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 GWLRA's Health and Safety Program may result in removal from the property and GWLRA's approved contractor list.

Contractor's Supervisor Name (Print)

Contractor's Supervisor's Signature

Safe Work Permit Reviewed By (Print name and file)

Signature

Copies to (where applicable): Contractor / Worker, Operations / Construction, Security, Tenant Services, Loading Dock

See Reverse Side - Double Sided Form

