

BUILDING : 105 Adelaide

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**

KEYS REQ'D CARD REQ'D

COMPANY NAME \_\_\_\_\_ NAME OF INDIVIDUAL REQUIRING ACCESS \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_ NAME OF INDIVIDUAL REQUIRING ACCESS \_\_\_\_\_

See Attached List for Additional Names

**WORK INFORMATION**

DATES : \_\_\_\_\_  
COMMENCEMENT DATE COMPLETION DATE

TIMES : From: \_\_\_\_\_ To: \_\_\_\_\_ 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 BSC Coordinator (availability is not guaranteed)

**BOOKING INFORMATION**  Elevator  Loading Dock  Oversized Parking  See Attached List  
 DELIVERY COMPANY \_\_\_\_\_ DATES REQUIRED \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REQUIRED TIMES

**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.

**SAFE WORK PERMIT PORTION  
PROJECT HAZARDS AND REQUIREMENTS**

**GENERAL EMERGENCY**

Telephones/ Emergency Numbers (Security, Medical, EH &S  
Generated Waste Storage/ Removal  
Comments

Emergency Route Plan/Posted

**EQUIPMENT/ MACHINERY**

Extension Ladders (Non-Aluminium)  
Other  
Comments

Elevated Work Platforms

Step Ladders (Non-aluminum)

Scaffold

Mechanized Equipment

GFCI's/ Extension Cords

**HAZARDOUS MATERIALS/  
OCCUPATIONAL EXPOSURES**

Reactive Materials  
Biological  
Comments

Solvents

Flammables

Compressed Gases

x-ray (permit required)

Radiological

Toxic Substance

Corrosives

Designated Substances

Other

**PHYSICAL HAZARDS/ POTENTIAL ENERGY SOURCES**

Roof Access (permit required)  
Excavation (permit required)

Hot Work (permit required)

Confined Space entry permit

Rescue plan in place and reviewed

Shutting Down Fire Protection System

Fire extinguisher

Attendant \_\_\_\_\_

Commissioning/ Live work

Hazardous energy:

Locked Out

Tagged out

Compressed Air

Proven

Exposure to:

Radiation

Laser

Arc weld

Comments

**PERSONNEL PROTECTIVE EQUIPMENT REQUIRED**

Fall Arrest Systems  
Hearing Protection

Approved Headgear

Hearing Protection

Protective Eyewear

Safety Footwear

Green Patch (CSA Rating)

Comments

**OCCUPANCY PROTECTION**

Signage/ Barriers  
Advise of location of  
Buried  
Comments

Pylons/ Cones

Overhead Services

Excavation:

Dust Control

Sewers and Drains Protected

Fencing/ Hoarding

Hand

Machine

**CONTRACTOR ACKNOWLEDGMENT:** 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.

\_\_\_\_\_  
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