

PTB / Airside / Parking Structure



Work Permit # _____

Safety First - For Emergency Response Dial 248-2111

Contractor		Application date (dd/mmm/yy)	
Start Date (dd/mmm/yy)		to be completed on	
Hours of work from			To:
FAP Related work <input type="checkbox"/> No <input type="checkbox"/> Yes #		O2 parking <input type="checkbox"/> No <input type="checkbox"/> Yes	
OMCIAA or Tenant Project Contact:		Tel/Cell #:	
Location of work (room # and / or description)			
Ensure planned work does not disrupt daily operations. Any damage sustained during the performance of the work described must be repaired and the area left clean.			

Checklist (all items must be checked)

Yes	No	Work Information	Yes	No	Required Compliance	
<input type="checkbox"/>	<input type="checkbox"/>	Work affects life/safety system(s)?	A	<input type="checkbox"/>	Service person(s) briefed on site safety.	(1 to 13)
<input type="checkbox"/>	<input type="checkbox"/>	Hot work(welding,soldering,grinding.)	B	<input type="checkbox"/>	Clearance with user-group prior to job.	(1 to 13)
<input type="checkbox"/>	<input type="checkbox"/>	Smoke Eater for all hot works	C	<input type="checkbox"/>	Shutdown notice required.	(2,4,5,6,12)
<input type="checkbox"/>	<input type="checkbox"/>	Beam detector bypass - list zones	D	<input type="checkbox"/>	Lock Out Tag Out SOP is understood	(2,4,5,7,12)
<input type="checkbox"/>	<input type="checkbox"/>	Smoke detector bypass - list zones	E	<input type="checkbox"/>	Security personnel required (PSL)	(9)
<input type="checkbox"/>	<input type="checkbox"/>	Electrical/mechanical interruption?	F	<input type="checkbox"/>	Fire extinguisher required.	(2,3)
<input type="checkbox"/>	<input type="checkbox"/>	Disruption to building systems?	G	<input type="checkbox"/>	Safety barriers required.	(2-6,8-10)
<input type="checkbox"/>	<input type="checkbox"/>	Loud noises / strong odours?	H	<input type="checkbox"/>	Supplementary cleaning required.	(1 to 11)
<input type="checkbox"/>	<input type="checkbox"/>	Building access / egress blocked?	I	<input type="checkbox"/>	Notification of affected user-group(s).	(1 to 13)
<input type="checkbox"/>	<input type="checkbox"/>	Work in ceiling space?	J	<input type="checkbox"/>	Lock-out / tag-out required.	(2,4-7,12)
<input type="checkbox"/>	<input type="checkbox"/>	Drilling/coring in occupied space?	K	<input type="checkbox"/>	Escort required	
<input type="checkbox"/>	<input type="checkbox"/>	System shutdown required?	L	<input type="checkbox"/>	Escort arranged (prior to submitting work permit)	
<input type="checkbox"/>	<input type="checkbox"/>	Other building Systems(s) impacted?	M	<input type="checkbox"/>	Canine required	

Disclaimer:
 The contractor is responsible to ensure that all safety codes are adhered to during performance of work associated with this permit. Construction materials and tools must NOT be left unattended at any time. ALL tools and construction materials MUST be removed from the worksite at the end of each work day.

Work Plan - Provide complete details and / or schedule as well as specifics for each checkbox marked "yes"

On-Site Service Personnel Information

*Restricted Area Identity Card - if "yes", complete the tab marked "RAIC"

Company Name	Print Rep Name	Email	Phone#	*RAIC (Y/N)
1				
2				
3				

Submitted by:	Telephone and/or Cellular #
Approvals	
OMCIAA Approval:	Approval status: