

**PERMIT TERM**

Activation Date/Time: \_\_\_\_\_ Expiration Date/Time: \_\_\_\_\_

**PROJECT DETAILS**

Tenant Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Comments: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Comments: \_\_\_\_\_

Project Work Description: \_\_\_\_\_

Building/Area: \_\_\_\_\_ Floors Affected: \_\_\_\_\_

Specific Location: \_\_\_\_\_

**FIRE ZONE BYPASS (Check required fire systems to be bypassed for project)**

- Smoke Detectors     
  Duct Detectors     
  Sprinkler Flow     
  Sprinkler Valve  
 Other (specify): \_\_\_\_\_

**PROJECT HAZARDS (Hazardous materials / Occupational exposures)**

- Solvents     
  Flammables     
  Toxic Substance     
  Reactive Materials     
  Radiological  
 Biological     
  Designated substances     
  Other: \_\_\_\_\_

**PROJECT HAZARDS (Personnel protective equipment)**

- Protective Eyewear     
  Hearing Protection     
  Fall arrest systems     
  Approved Headwear     
  Safety footwear  
 Green patch (CSA Rating)     
  Other: \_\_\_\_\_

**SPECIAL REQUIREMENTS (review and indicate applicable items)**

Type	Select	Security Work Process
Drain Down	Yes <input type="checkbox"/> No <input type="checkbox"/>	Complete Work Permit, fax copy to Building Operations and attach transmission verification to permit.
Standpipe Drain Down	Yes <input type="checkbox"/> No <input type="checkbox"/>	Complete Standpipe Drain Down Form, fax copy to Building Operations and attach transmission verification to permit.
Hot Work	Yes <input type="checkbox"/> No <input type="checkbox"/>	Complete Hot Work Permit before hot work (i.e. soldering, welding etc.) begins
X-ray	Yes <input type="checkbox"/> No <input type="checkbox"/>	Obtain approval from Brookfield Chief Engineer, attach authorization to permit.
Roof Access	Yes <input type="checkbox"/> No <input type="checkbox"/>	Complete Release Form and have harness prior to access.
Additional Access	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attach authorization documents
Security Escort	Yes <input type="checkbox"/> No <input type="checkbox"/>	Complete Security Requisition Form and submit to Security Supervisor ASAP.

**CONTRACTOR ACKNOWLEDGEMENT**

By signing below, Contractor irrevocably acknowledges that (a) it understands and has knowledge of Brookfield'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 Brookfield Properties' Health and Safety Program may result in removal from the property and Brookfield's 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)'s and/or its Property Manager's credit, behalf, privity, consent or direct benefit.

Contractor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Security Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operations 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Operations 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHANGE LOG (for Security use only)**

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