

THIS FORM MUST BE SUBMITTED TO THE SECURITY OFFICE
 LOCATED AT 2 BLOOR STREET EAST, BUILDING CONTROL CENTRE
 48 HOURS PRIOR TO THE COMMENCEMENT
 OF WORK FOR APPROVAL.

Floor#: _____
Hudson's Bay Centre
Safe Work & Access Permit

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 |
|--------------------------|---|---------------|---------------|
| 1) _____ COMPANY NAME | 1) _____ NAME OF INDIVIDUAL REQUIRING ACCESS | _____ | _____ |
| 2) _____ COMPANY NAME | 2) _____ NAME OF INDIVIDUAL REQUIRING ACCESS | _____ | _____ |
| 3) _____ COMPANY NAME | 3) _____ NAME OF INDIVIDUAL REQUIRING ACCESS | _____ | _____ |
| 4) _____ COMPANY NAME | 4) _____ NAME OF INDIVIDUAL REQUIRING ACCESS | _____ | _____ |

See Attached List for Additional Names

WORK INFORMATION

DATES : _____

| | |
|--|--|
| COMMENCEMENT DATE | COMPLETION DATE |
| TIMES : From: _____ AM/PM To: _____ AM/PM MONDAY TO FRIDAY | From: _____ AM/PM To: _____ AM/PM SATURDAY, SUNDAY AND HOLIDAYS |

DESCRIPTION OF WORK TO BE PERFORMED: _____

Location(s) Required Access To:

| | | | |
|--|---------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Telephone Room | <input type="checkbox"/> CACF Room | <input type="checkbox"/> Roof | Access To Another Tenant's Premise <input type="checkbox"/> Yes |
| <input type="checkbox"/> Mechanical Room | <input type="checkbox"/> Boiler Room | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Electrical Room | <input type="checkbox"/> 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 Calendar

| | | |
|------------------|----------------|---|
| DELIVERY COMPANY | DATES REQUIRED | From: _____ AM/PM To: _____ AM/PM REQUIRED TIMES |
|------------------|----------------|---|

OTHER REQUIREMENTS

REQUIRED SAFETY WORK PERMIT REQUIRED: Yes No **SECURITY REQUIRED FOR:** ACCESS OR ESCORT

Hot Work Sprinkler Fire Systems Electrical Mechanical 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.

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PROJECT HAZARDS AND REQUIREMENTS

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

COMMENTS:

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

COMMENTS:

HAZARDOUS MATERIALS/ OCCUPATIONAL EXPOSURES
 Solvents Flammables Toxic Substance Reactive materials x-ray (permit required)
 Compressed Gases Corrosives Designated Substances Biological Radiological
 Other: _____

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 Attendant _____ Rescue Plan In Place and Reviewed
 Commissioning /Live Work Hazardous Energy: Locked Out Tagged Out Proven Compressed Air
 Exposure to: Radiation: Laser Arc weld

COMMENTS:

PERSONNEL PROTECTIVE EQUIPMENT REQUIRED
 Protective Eyewear Hearing Protection Fall Arrest Systems Approved Headwear
 Safety Footwear Green Patch (CSA Rating)

COMMENTS:

OCCUPANCY PROTECTION
 Signage/ Barriers Pylons/ Cones Fencing / Hoarding Dust Control
 Advise of Location of Buried Overhead Services Excavation: Hand Machine Sewers and Drains Protected

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'S SIGNATURE

BROOKFIELD PROPERTIES MANAGEMENT SERVICES AUTHORIZATION

AUTHORIZED BY _____

DATE AUTHORIZED _____

Distribute Copies to: Operations Security Life Safety Loading Dock Tenant Services Other: _____