

PROJECT INFORMATION

Tenant: _____

Work Description: _____

Location: (Bldg/Area/Floor): _____

Start Date/Time: _____

Finish Date/Time: _____

General Contractor: _____

Company: _____

Tel #: _____

TYPE OF WORK: Industrial/ Operations Work Electrical Construction/Renovation Project Maintenance

Additional Access Required Yes No

Tenant Name & Suite: _____

Security Escort Required Yes No (If Yes, requisition form to be filled out)

UTILITY REQUESTS (Supply): Compressed Air Steam Ventilation Electrical Other

Precautions to be observed by Brookfield personnel: _____

UTILITY REQUESTS (Disconnect): Compressed Air Steam Ventilation Electrical Other

Precautions to be observed by Brookfield personnel: _____

BP Supervisors Notified: _____ BP Workers Notified: _____

PRECAUTIONS TO BE OBSERVED BY CONTRACTOR PERSONNEL (as applicable)

1. _____ 2. _____
3. _____ 4. _____

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.

PROJECT HAZARDS AND REQUIREMENTS

GENERAL EMERGENCY

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

Fire Dept. contacted

COMMENTS:

TENANT

Contact Name: _____ Contact Phone #: _____ Authorizing Signature _____

COMMENTS:

EQUIPMENT / MACHINERY

Elevated Work Platforms Scaffold Mechanized Equipment

Extension Ladders (Non-aluminum) Step Ladders (Non-aluminium) GFCI's/ Extension Cords Other:

COMMENTS:

HAZARDOUS MATERIALS/ OCCUPATIONAL EXPOSURES

Solvents Flammables Toxic Substance

Reactive materials Compressed Gases Corrosives Designated Substances

Biological X-ray (permit required) Radiological Other:

COMMENTS:

FIRE DEVICES ON TEST & LOCATION

Smoke Detectors Ducts Heat Detectors

Sprinkler Flow Sprinkler Valve Manual Fire Pull Station Tenant Pre-Action System

Kitchen Hoods

COMMENTS:

PHYSICAL HAZARDS/ POTENTIAL ENERGY SOURCES

Shutting Down Fire Protection System

Roof Access (permit required) Hot Work (permit required) Fire Extinguisher

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:

No Hot Work to be allowed if there is a Sprinkler Head relocation at the same time or if a Sprinkler Line is being drained for any other reason.

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 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.

GENERAL CONTRACTOR'S NAME (PRINT)

GENERAL CONTRACTOR'S SIGNATURE

DATE & TIME

Reviewed by Security (Print name):

Signature:

Date & Time

Building Operator's Name (Print)

Signature:

Date & Time

Building Operator's Name (Print)

Signature:

Date & Time

Copies to: (where applicable) Contractor Performing Work, Operations/Construction, Security & Life Safety, Tenant Services, Loading Dock

NOTE: Contractors must sign in at the Security Operations Centre (SOC) on P1 Level of the West Tower upon arrival.

BAY ADELAIDE CENTRE

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