

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)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Smoke Detectors | <input type="checkbox"/> Duct Detectors | <input type="checkbox"/> Sprinkler Flow | <input type="checkbox"/> Sprinkler Valve |
| <input type="checkbox"/> Other (specify): _____ | | | |

PROJECT HAZARDS (Hazardous materials / Occupational exposures)

- | | | | | |
|-------------------------------------|--|--|---|---------------------------------------|
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Flammables | <input type="checkbox"/> Toxic Substance | <input type="checkbox"/> Reactive Materials | <input type="checkbox"/> Radiological |
| <input type="checkbox"/> Biological | <input type="checkbox"/> Designated substances | <input type="checkbox"/> Other: _____ | | |

PROJECT HAZARDS (Personnel protective equipment)

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Protective Eyewear | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fall arrest systems | <input type="checkbox"/> Approved Headwear | <input type="checkbox"/> Safety footwear |
| <input type="checkbox"/> Green patch (CSA Rating) <input type="checkbox"/> 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)
