

WORK PERMIT

PURPOSE: To increase safety and security, all work activities managed by Brookfield, PWGSC, or Tenants that require contractor access to any part of Brookfield managed facilities must have a Work Permit.

- INSTRUCTION**
1. Fill in all relevant fields completely. Permits with blank fields may be rejected.
 2. E-mail the completed permit to the email address listed for your region on the final page of this document.
 3. Await authorization from Brookfield GIS prior to commencing work.
 4. Retain a hard or soft copy of authorized work permit. An authorized work permit must be available on site every day for the duration of this job or project.

NOTE: To ensure timely authorization, please submit work permit **at least 48 hours** prior to the anticipated start time of work activities.
Questions regarding the Work Permit process can be sent to the region-specific email address.

LOCATION OF THE WORK

Province / Territory: City:
 Floor / Room Number:
 Building (Name or Address):

WORK INITIATOR

Work Requested By:
 Work Order # or Project # (If Applicable):

DATE & DURATION OF THE WORK

Schedule of Work		Work Hours						
<input type="checkbox"/> Day time	<input type="checkbox"/> After Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Date								
End Date								

Provide a detailed description of the work to be conducted. Attach a job safety plan as appropriate.

WORK DESCRIPTION

Will life safety systems be impacted or impaired (fire alarm or other)?

Will other building systems be impacted or impaired (HVAC, lighting, elevator, etc.)?

RISK ASSESSMENT

Please note, this Risk Assessment is not intended to replace a Job Safety Assessment (JSA). "Controls" as identified are intended as prompts for the permit authorizer. The permit holder is responsible for conducting a proper JSA and safety briefing to the workers prior to the commencement of the work and implementing any additional controls that may be required specific to the work task.

	Yes/ No	If Yes, See Associated Control	Control
Requires access to a secure area where escort may be needed?	<input type="checkbox"/>	1, 2	1. Workers to complete BGIS online orientation. (Available via Comply Works or through HSE Coordinator).
Requires access to a confined or restricted space?	<input type="checkbox"/>	1, 7, 9, 10, 11	2. Additional Clearance or Authorized Escort required.
Requires work from heights?	<input type="checkbox"/>	1, 7, 9, 10, 11	3. Tenant Notification or Escort required.
Requires hot work?	<input type="checkbox"/>	1,6,7,9,11,12	4. Shutdown Notice required.
Requires energy isolation?	<input type="checkbox"/>	1, 9, 10, 11	5. Security Coverage required.
Will life safety systems be impacted (fire alarm or other)?	<input type="checkbox"/>	1, 12	6. Hot Work Permit & Fire Watch required.
Workers have all licenses, training, and tools needed to perform task?	<input type="checkbox"/>	1, 10	7. Safety Barriers required.
Could generate noise or odours?	<input type="checkbox"/>	1, 3	8. Review of Asbestos Survey / BGIS Document Library required.
Requires obstruction of building access or egress?	<input type="checkbox"/>	1, 3, 5, 7	9. Additional High Hazard Permit required (Confined Space, LOTO, etc.).
Involves electrical or mechanical disruption?	<input type="checkbox"/>	1, 3, 4, 9	10. Additional License or Certifications required (Confined Space, Fall Arrest, etc.).
Have asbestos & hazardous materials surveys been reviewed by those conducting work?	<input type="checkbox"/>	1, 8	11. Specialized Personal Protective Equipment and Work Procedures required.
Will asbestos / other hazardous materials be disrupted during work activities?	<input type="checkbox"/>	1, 8, 11	12. Notify Fire Department / Fire Alarm Monitoring Company.
Involves working around or with hazardous chemicals?	<input type="checkbox"/>	1, 11, 14	13. Conservation Plan required.
			14. Ensure MSDS or SDS are available.
Work taking place at heritage site?	<input type="checkbox"/>	1, 2, 13	

PERMIT HOLDER DETAILS

Company Name:	<input type="text"/>
Permit Holder (Supervisor):	<input type="text"/>
Permit Holder Contact Number:	<input type="text"/>
Permit Holder Email:	<input type="text"/>
Names of All Workers:	<input type="text"/>

BGIS SAFETY REVIEW

Name of Reviewer:

Date of Review: Authorized?

Comments

BGIS FACILITIES REVIEW

Name of Reviewer:

Date of Review: Authorized?

Comments

EMAIL COMPLETED WORK PERMIT TO THE ADDRESS LISTED FOR YOUR REGION

Region	Region Description	Email Address
Atlantic Canada	Newfoundland, PEI, NB, NS	ATL-RP1workpermit@BrookfieldGIS.com
Quebec	Quebec Other Than Gatineau	QC-RP1workpermit@BrookfieldGIS.com
National Capital Area	Ottawa, Gatineau	NCA-RP1workpermit@BrookfieldGIS.com
Ontario	Ontario Other Than Ottawa	ON-RP1workpermit@BrookfieldGIS.com
Western Canada	Manitoba, Saskatchewan, Alberta	WEST-RP1workpermit@BrookfieldGIS.com
Pacific Canada	British Columbia, Yukon	PAC-RP1workpermit@BrookfieldGIS.com