

Work Permit



This Work Permit must be completed for all work performed by a Contractor(s), as instructed by Tenant and/or Landlord. Note that this permit is only valid for the time period specified. Any request received without proper approval will not be accepted.

Please submit completed form to: **Tony Mackey** (Tony.Mackey@quadreal.com).

Property Name: Intact Place <input type="checkbox"/> East Tower <input type="checkbox"/> West Tower	
Work being completed for: <input type="checkbox"/> Tenant <input type="checkbox"/> Landlord	
TENANT INFORMATION	
Company Name:	Contact Name:
Email:	Phone Number:
DESCRIPTION OF WORK	
	Type of work being performed (for any Hot Work, Hot Work Permit to be completed): <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Communications (Riser Manager approval required) <input type="checkbox"/> Paint <input type="checkbox"/> Fire System <input type="checkbox"/> Other _____
Permit begins	Permit expires
Date: / / Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Date: / / Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
REQUIRED ACCESS	
Access Area:	
Tenant Premises Access Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suite Number(s): Floor(s):
CONTRACTOR INFORMATION	
Company Name:	Contact Name:
Phone Number:	Email:
PRIME CONTRACTOR STATUS	
<p>The Contractor shall be solely responsible for safety relating to the Description of Work being performed and for compliance with the rules, regulations and practices required by all applicable health and safety legislation and shall be responsible for initiating, maintaining and supervising all safety precautions and programs in connection with the performance of the Description of Work. Further to and in no way restricting the generality of the foregoing, the Contractor agrees that it is the Prime Contractor for the Areas of Access for the purposes of the <i>Occupational Health and Safety Act</i> (Alberta), and shall ensure compliance with the <i>Occupational Health and Safety Act</i> (Alberta) and the regulations, thereto.</p>	
_____ <i>Contractor Signature Acknowledging it has accepted Prime Contractor responsibility</i>	_____ <i>Date</i>
<ul style="list-style-type: none"> It is the responsibility of the Tenant Contact to ensure the Contractor(s) have a valid Certificate of Insurance and WCB coverage. All Contractors and Sub-Contractors MUST provide a copy of an approved work permit in order for work to be conducted. Contractor(s) to sign in and out at Security desk. Parking in the loading dock is restricted to 20 minutes for the purpose of delivery/pickup of equipment. 	

Office Use Only

Drawing Review Letter received from Landlord: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Sub-Contractor List and Construction Schedule have been provided (as attached): <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Insurance Certificate and WCB Clearance has been provided: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Building Permit has been provided: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Has Tenant assigned Prime Contractor Status to Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No

Access and Other Requirements:	
<input type="checkbox"/> Security Guard Required (verify with Pass Control at AccessControl.Calgary@quadreal.com) <input type="checkbox"/> Freight Elevator (maximum 1588 kg.) <input type="checkbox"/> Loading Dock Access (clearance 12 feet 6 inches) <input type="checkbox"/> Roof Access Waiver <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Other:	<input type="checkbox"/> Mobile Equipment Waiver <input type="checkbox"/> Riser Manager Approval <input type="checkbox"/> Electrical Room Access <input type="checkbox"/> Confined Space Entry Permit <input type="checkbox"/> current certification verified <input type="checkbox"/> Lockout / Tagout

All the Conditions above have been met and Work Permit can commence		
Tenant/Landlord Name:	Tenant/Landlord Signature:	Date:
QuadReal Name:	QuadReal Signature:	Date: