

For Office Use Only  
**Permit #**

<b>Date:</b> _____	<b>Original Request:</b> <input type="checkbox"/>
	<b>Revised Request:</b> <input type="checkbox"/>
<b>Send Request To:</b> <u>Planning &amp; Engineering</u>	<b>Email:</b> <a href="mailto:permits@yyc.com">permits@yyc.com</a>
<b>Project Name:</b> _____	<b>Project Number:</b> _____
<b>Calgary Airport Authority Contact:</b> _____	<b>CIP Number:</b> _____

<b>Company Requesting Shutdown:</b> _____
<b>Contact Name:</b> _____
<b>Email:</b> _____
<b>Phone:</b> _____
<b>Cell:</b> _____
<b>Sub-trade Performing Work:</b> _____
<b>Contact Name:</b> _____
<b>Phone:</b> _____
<b>Cell:</b> _____

**Scope of Work to be Completed:**

**IF WORK INVOLVES CUTTING, SOLDERING, GRINDING, WELDING, PLEASE FILL OUT HOT WORK PERMIT ON PAGE 3**

<b>System Shutdown Requested:</b>	<input type="checkbox"/> Sprinkler System <input type="checkbox"/> HTHW System <input type="checkbox"/> BMS Controls <input type="checkbox"/> Domestic Water System <input type="checkbox"/> HVAC System <input type="checkbox"/> BMS Controls <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Electrical Distribution <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Telecommunications <input type="checkbox"/> Security Alarm System <input type="checkbox"/> X-ray <input type="checkbox"/> Bridges/Gates
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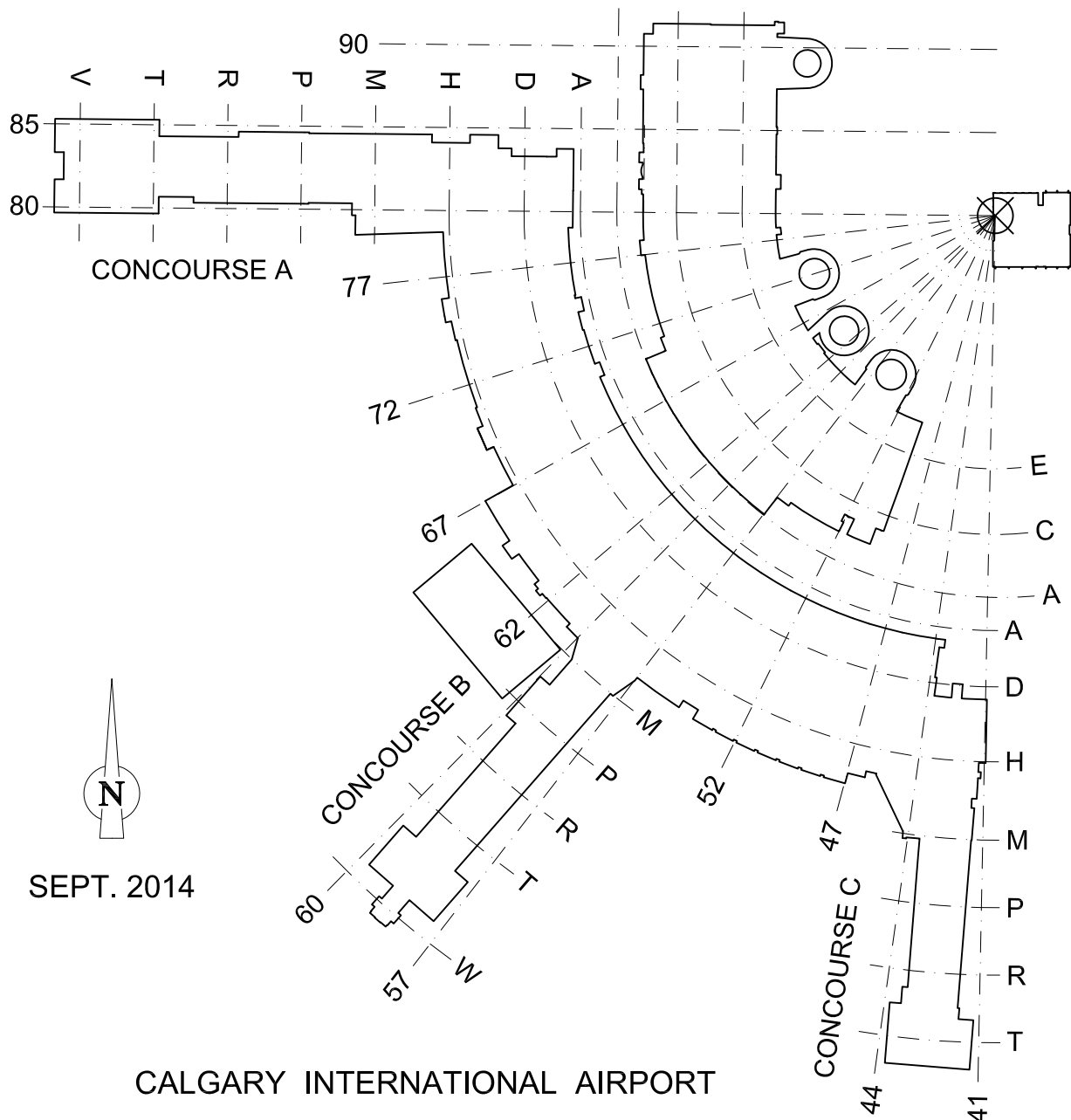
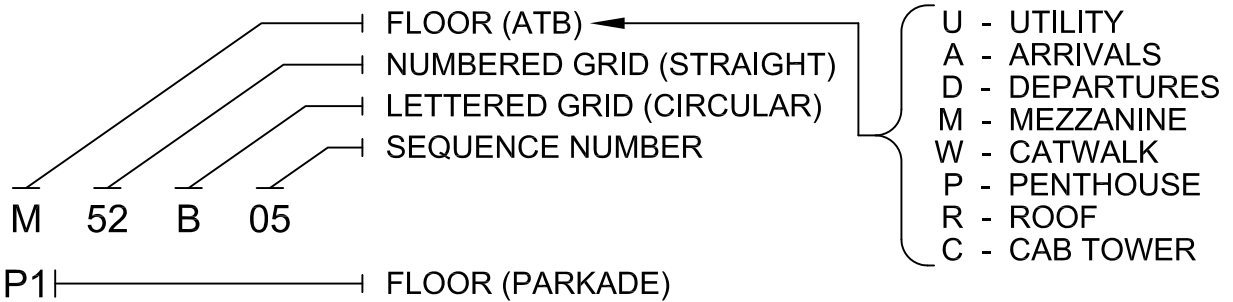
<b>Worksite Location:</b>	<input type="checkbox"/> Mezzanine Level <input type="checkbox"/> Departures Level <input type="checkbox"/> Arrivals Level <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Utilities Level <input type="checkbox"/> Roof <input type="checkbox"/> Airfield
<b>Room/Grid#:</b> _____		
<b>See Grid Map on next page</b>		

<b>Security Escort Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, submit Security Escort Form (see YYC.com) Request Submitted <input type="checkbox"/>
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<b>Requested Date of Shutdown:</b> <i>Maximum 1 week</i>	Start: _____	End: _____
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<b>Requested Time of Shutdown:</b> <i>24 hour clock MUST be used</i>	Start Time: _____	End Time: _____
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# AIR TERMINAL BUILDING WEST & PARKADE 1 ROOM NUMBER GRID LAYOUT



## HOT WORK PERMIT For Cutting, Grinding, Welding, and Soldering

Inspection of work area to be made immediately prior to hot work and re-inspected if work is interrupted and then restarted. Hot work to stop immediately if a power failure occurs or if the purge air flow is stopped.

**A SHUTDOWN REQUEST MUST ACCOMPANY A HOT WORK REQUEST.**

<b>CONTRACTOR:</b>		
<b>Requested Date of Shutdown:</b> <i>Maximum 1 week</i>	Start: _____	End: _____
<b>Requested Time of Shutdown:</b> <i>24 hour clock MUST be used</i>	Start Time: _____	End Time: _____
<b>Location/Area/Unit:</b>		
<b>Airside / Groundside – Fire Department Notification Required</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Airside / Groundside – Fire Department Truck Requested to Standby</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>DESCRIPTION OF JOB:</b>		

**NON-COMPLIANCE WITH THE CONDITIONS OF ISSUE OF THIS HWP WILL RESULT IN IMMEDIATE SHUTDOWN OF WORK. A COPY OF THE HWP MUST BE PRODUCED TO AUTHORITY STAFF UPON REQUEST.**

Yes or  
N/A

**PRECAUTIONS**

- \_\_\_\_\_ Personal Inspection – Proper Signatures
- \_\_\_\_\_ Sprinklers in service
- \_\_\_\_\_ Cutting, welding and soldering equipment in safe operating condition
- \_\_\_\_\_ Employees in immediate area notified and advised not to look at arc
- \_\_\_\_\_ Personal protective equipment used by worker
- \_\_\_\_\_ Disabling of smoke detectors \_\_\_\_\_ Authorized Signature

**PRECAUTIONS WITHIN 50' OF WORK**

- \_\_\_\_\_ Combustibles relocated or protected with fire proof material (including floor surfaces)
- \_\_\_\_\_ Floor swept clean of combustibles
- \_\_\_\_\_ All openings in floors, walls, etc. are protected
- \_\_\_\_\_ No combustible material on opposite or in the interior of metal walls, roofs, partitions, etc.
- \_\_\_\_\_ Lockout procedure used. Initial \_\_\_\_\_
- \_\_\_\_\_ Fire watch in effect during and after as documented on the reverse of this permit

**ADDITIONAL PRECAUTIONS FOR TANKS, CONTAINERS, PIPING & ENCLOSED EQUIPMENT OR AREAS**

- \_\_\_\_\_ Confined space entry permit approved. Initial \_\_\_\_\_
- \_\_\_\_\_ Ignition sources removed for 50' until all flammable materials have been purged/removed
- \_\_\_\_\_ Total cleaning and purging of all flammable gases, liquids and solids
- \_\_\_\_\_ Connections/lines disconnected, plugged or blanked off
- \_\_\_\_\_ Visual check of area by \_\_\_\_\_
- \_\_\_\_\_ Atmosphere testing meters calibrated by \_\_\_\_\_
- \_\_\_\_\_ Initial and frequent reading of O<sub>2</sub> (oxygen) and LEL (lower explosive levels)

Time	Oxygen %	LEL %	Tested By

**Every person welding airside must have, and be familiar with, the operation of a portable 20lb A-B-C rated fire extinguisher on site to control any small fires. This extinguisher must have been checked in the last twelve months by a recognized company and have an inspection tag attached to it.**

I have personally inspected the work area and certify that the checked precautions have been taken and the area is safe for work to proceed.

Signature: \_\_\_\_\_

## HOT WORK PERMIT Watch and Inspections

**This form must be returned to Planning and Engineering Reception upon completion of work with applicable details filled in via: [permits@yyc.com](mailto:permits@yyc.com)**

Date \_\_\_\_\_ Location / Area \_\_\_\_\_

Person Responsible During \_\_\_\_\_

Person Responsible After \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Firewatch to be provided during and after (as documented below)

Yes \_\_\_\_\_ No \_\_\_\_\_ Fire extinguisher and/or fire hose on hand

Yes \_\_\_\_\_ No \_\_\_\_\_ Fire watch and welder trained on use of fire extinguishers

Yes \_\_\_\_\_ No \_\_\_\_\_ Emergency procedures in place to quickly notify the fire department

Yes \_\_\_\_\_ No \_\_\_\_\_ Protective shields in place during work

Yes \_\_\_\_\_ No \_\_\_\_\_ Specified ventilation operational during work

Work area and adjacent areas to which sparks and heat may spread (i.e. floors / areas above and below, opposite sides of walls, interior of walls, ceilings or floors) have been inspected as follows:

When	Time	Inspected by
During and to 60 min after end of work	_____	_____
4 hours after end of work	_____	_____