

## Contractor (Requestor) Information

*The Permit Office is required to be notified, by person to whom a Facility Alteration Permit is to be issued, of the readiness of the Contractor to start the work. The relevant **Notice of Work & Shut Down Request** shall be completed by the Contractor and submitted to the appropriate PortsToronto Business Unit for **approval prior** to the commencement of construction activities. **Minimum 48h notice** is required before any shutdown commencement.*

Check as Applicable:

FAP related Hot Work  Maintenance related Hot Work

**FAP #:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

Contact Name (Applicant):  
 \_\_\_\_\_  
*Last* *First*

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City* *Province* *Postal Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work being done by (if different from Applicant):

Contact Name (Site):  
 \_\_\_\_\_  
*Last* *First*

Company Name: \_\_\_\_\_

Phone (Site): \_\_\_\_\_ Email: \_\_\_\_\_

## Description of Proposed Work

Address/Location of Work: \_\_\_\_\_

Nature of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Time Period of Work:

Start Date/Time \_\_\_\_\_

End Date/Time \_\_\_\_\_

**Exact Location of Affected Area (description):**

Groundside    Airside    Sterile Area    Terminal    Other

---



---

*Note: if applicable, include a plan drawing indicating the specific area(s) affected*

- Access needed (keys/FOB):     No    Yes;   Details: \_\_\_\_\_
- Escort(s) Required:             No    Yes;   Escorts Provided by: \_\_\_\_\_
- Number of Workers: \_\_\_\_\_
- Number of Vehicles: \_\_\_\_\_
- Fire Alarm By-Pass Required     No    Yes;   Coordinated by: \_\_\_\_\_
- Use of crane(s) (outdoors only):    No    Yes;   Height: \_\_\_\_\_   Coordinates: \_\_\_\_\_
- Plan of Construction Operations submitted to Transport Canada (*airfield projects and projects involving cranes*):  
 No    Yes

**Description of Precautions to be Taken, as applicable (Risk Assessment):**

---



---



---



---



---

*\* PPE requirements depend on the activity being performed, but the minimum requirements for all activities are: hard hats or bump caps, safety boots, and reflective vest.*

**Shutdown Request (check all applicable boxes)**
**Type of Shutdown Requested:**

- Fire protection or life safety system      Details: \_\_\_\_\_
- Elevator/Escalator      Details: \_\_\_\_\_
- HVAC      Details: \_\_\_\_\_
- Electrical      Details: \_\_\_\_\_
- Utilities      Details: \_\_\_\_\_
- Working at heights      Details: \_\_\_\_\_
- Confined Space      Details: \_\_\_\_\_

**Start and Duration of Shutdown Request:**

Start Date and Time : \_\_\_\_\_

End Date and Time : \_\_\_\_\_

**Impacts on Operations:**

- Yes      Description: \_\_\_\_\_
- No      \_\_\_\_\_

**Scope of Work and Method:**


---

---

---

---

---

---

---

---

---

---

*(as required, drawing of the area to be included)*

**Disclaimer and Signature (by Applicant)**

*The information contained in this application is true to the best of my knowledge.*

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

**Accepted by Nieuport Aviation (as applicable)**

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

**On-Site Process for Contractors doing work at BBTCA**

1. Contractors **must** contact the **Duty Manager** on **416-203-6942 ext. 17**, prior to commencing any work on site, and advise the Airport Operations Communications Centre when work is complete.
2. Contractor **must** report to the Airport Operations Communications Centre to check in/register and obtain security escort (if required)
3. Contractor **must** possess a copy, paper or electronic, of approved work order while working on site and produce if/when asked.
4. Contractors **must** follow instructions outlined in the Notice of Work. Any discrepancies must be immediately escalated to Business Unit Representative whom approved Notice of Work.
5. In case of Emergency, immediately contact 416-203-1910
6. Any non-emergency incidents on site must be immediately reported to the Airport **Non-Emergency Line** 416-203-6942 ext. 10.

**APPROVAL  
(for PortsToronto use ONLY)**

Approved by: \_\_\_\_\_  
*designated Business Unit Representative*

Date: \_\_\_\_\_

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

- END -