Safety, Security & Emergency Management Contractor Safety Procedures

HIGH VOLTAGE VAULTS ACCESS REQUEST

ALLOW FIVE BUSINESS DAYS FOR VERIFICATION BY FACILITIES MAINTENANCE

Project Information									
Project Name:					Start Date:				
Contractor Liaison:					Office: Cell:				
Company Name:					Office:				
Site Supervisor:					Cell:				
NOTES:	 This form shall be initiated by the CONTRACTOR or SUBCONTRACTOR requesting the service shut down. All lockout procedures and work procedures are to be submitted with this form This form and accompanying documentation shall be sent to the Contractor Liaison for review, prior to being sent to BCIT Facilities Maintenance All access into HV Vaults must be coordinated through BCIT Facilities Maintenance Electrical Division PLEASE CONTACT THE CONTRACTOR LIAISON FOR ADDITIONAL INFORMATION 								
Description of work to be performed by Contractor									
DOES THIS \	WORK INCLUD	E HIGH V	OLTAGE	SERVICE?	YES			NO	
Date(s) Required: Start Time:					End Time:				
Scope of Work:									
0						la.			
Contractor Signature:						Da	ate:		
Contractor Liaison Signature:						Da	ate:		
				Facilities Re	eview				
Electrical Foreman or Manager, Maintenance Signature:							ate:		
Notes:						1			
Work Complete - (for work that includes HV service) Forward a COPY to the Contractor Liaison at the end of Work									
System Test	ed 🗆			Notes:					
Deficiencies		YES 🗆	NO □	1					
	Operational	YES 🗆	NO 🗆	1					
Restore Date		, ~ _		-					
Contractor S	ignature:			1		Da	ate:		