

**Safety, Security & Emergency Management
Contractor Safety Procedures**

SSEM BUILDING/CAMPUS ACCESS REQUEST

ALLOW THREE BUSINESS DAYS FOR COMPLETION BY SSEM

NOTE: ONE FORM TO BE SUBMITTED PER CONTRACT COMPANY (A SEPARATE FORM FOR EACH SUBCONTRACTOR)

Submission Date: [_____]		Revision #: [_____]	
Project Name:			
Project Start Date:		Project End Date:	
BCIT Liaison:		Telephone:	Cell:
Contractor Company:	Site Supervisor Name:	Telephone:	Cell:

Access Requests

- NOTES:**
- Requests for access should reflect the areas required for work being performed (list exact room numbers or codes).
 - All Contractor keys must be signed out daily from Campus Security and returned on leaving site.
 - Contractor employees requiring BCIT ID must attend the SSEM Administration office located at building SW01, room 1000. The office is open Monday to Friday, 7:30 a.m. – 3:30 p.m. For satellite campuses, please attend site Security.
 - Roof Access will only be provided upon completion of a Roof Access form.
 - SSEM will determine the method of access to be provided. Email verification will be sent to the BCIT Contractor Liaison.
 - **If changes/extensions to the access requests are made, contractors must note revision # and highlight changes.**

Required Access: All Campuses: BBY: CARI: DTC: BMC: ATC: AIC:

Instructions: List campus or building numbers, followed by the specific room numbers or applicable room code.
Examples: SE12 140 (for building SE12 room 140); DTC E (for DTC campus electrical rooms); ATC 171 (for ATC campus room 171); BBY M (for all Burnaby mechanical rooms); CARI R, INT (for Rooftop and Interior access to CARI campus)

Room Codes: **INT:** Non-restricted, general access to **INT**erior rooms; **EXT:** General access to **EXT**erior building doors; **E:** Electrical rooms; **M:** Mechanical rooms; **C:** Communications Closets; **R:** Roof; **T:** Tunnels; **W/J:** Washrooms/Janitor Closets; **G:** Grounds

BUILDING(S):	ROOM(S) #/Code	BUILDING(S)	ROOMS#/Codes
[_____]	[_____]	[_____]	[_____]
[_____]	[_____]	[_____]	[_____]
[_____]	[_____]	[_____]	[_____]

Contractor Employees Requiring Access (Only list those who will attend site) (Use second form for additional names)

	Full Name	Company		Full Name	Company
1	[_____]	[_____]	6	[_____]	[_____]
2	[_____]	[_____]	7	[_____]	[_____]
3	[_____]	[_____]	8	[_____]	[_____]
4	[_____]	[_____]	9	[_____]	[_____]
5	[_____]	[_____]	10	[_____]	[_____]

Extra Security Officer Request

of Officers Required [_____] Date(s) and Times (4 hours minimum charge) (Use second form for more dates/times)

Date 1: [_____]; [_____] hrs to [_____] hrs	Date 4: [_____]; [_____] hrs to [_____] hrs
Date 2: [_____]; [_____] hrs to [_____] hrs	Date 5: [_____]; [_____] hrs to [_____] hrs
Date 3: [_____]; [_____] hrs to [_____] hrs	Date 6: [_____]; [_____] hrs to [_____] hrs

BCIT CONTRACTOR LIAISON SIGNATURE:

Authorization & Confirmation of Request (This section for SSEM use only)	Date
<input type="checkbox"/> Card Access <input type="checkbox"/> ID Card Only Signature: _____	
<input type="checkbox"/> Key Request Signature: _____	
<input type="checkbox"/> Security Officer Request Signature: _____	