

<b>Safety, Security &amp; Emergency Management Contractor Safety Procedures</b>		<b>HIGH VOLTAGE VAULTS ACCESS REQUEST</b>	
<b>ALLOW FIVE BUSINESS DAYS FOR VERIFICATION BY FACILITIES MAINTENANCE</b>			
<b>Project Information</b>			
<b>Project Name:</b>		<b>Start Date:</b>	
<b>BCIT Liaison:</b>		<b>Office:</b>	
<b>Company Name:</b>		<b>Cell:</b>	
<b>Site Supervisor:</b>		<b>Office:</b>	
<b>Cell:</b>			
<b>NOTES:</b> <ul style="list-style-type: none"> <li>• This form shall be initiated by the CONTRACTOR or SUBCONTRACTOR requesting the service shutdown.</li> <li>• All lockout procedures and work procedures must be submitted with this form.</li> <li>• This form and accompanying documentation shall be sent to the BCIT Liaison for review, prior to being sent to BCIT Facilities Maintenance.</li> <li>• All access into HV Vaults must be coordinated through BCIT Facilities, Electrical.</li> </ul>			
<b>PLEASE CONTACT THE CONTRACTOR LIAISON FOR ADDITIONAL INFORMATION</b>			
<b>Description of work to be performed by Contractor</b>			
<b>DOES THIS WORK INCLUDE HIGH VOLTAGE SERVICE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Date(s) Required:</b>			
<b>Start Time:</b>		<b>End Time:</b>	
<b>Scope of Work:</b>			
<b>Contractor Signature:</b>		<b>Date:</b>	
<b>BCIT Liaison Signature:</b>		<b>Date:</b>	
<b>Facilities Review</b>			
<b>Electrical Foreperson or Manager, Signature:</b>		<b>Date:</b>	
<b>Notes:</b>			
<b>SSEM Receipt Confirmation</b>			
<b>Security Manager or Associate Director, Signature:</b>		<b>Date:</b>	