SSEM #: RECEIVED:

Safety, Security & Emergency Management Contractor Safety Procedures

LIFE SAFETY SYSTEMS SHUTDOWN REQUEST

ALLOW FIVE BUSINESS DAYS FOR V ALLOW THREE BUSINESS DAYS			IES	
Project Information				
Project Name:	Start Date:	Start Date:		
BCIT Liaison:	Office: Cell:			
Company Name:	Office:			
Site Supervisor:	Cell:	Cell:		
 A MINIMUM of five (5) business days' notice is required to ensure the coordination of all parties involved. This form shall be initiated by the SUBCONTRACTOR or CONTRACTOR requesting the service shutdown/impact. This form shall be sent to the BCIT Liaison for scheduling with the appropriate trades foreperson (along with any work procedures and operations plan). The contractor is not to assume that the shutdown will be scheduled on the date requested until confirmation is received from the BCIT Liaison. SSEM will review the required shutdown information and notify the BCIT Liaison within three (3) business days whether the shutdown can be accommodated or an alternate date scheduled. PLEASE CONTACT THE BCIT CONTRACTOR LIAISON FOR ADDITIONAL INFORMATION 				
Description of work to be performed by Contractor				
Type of Service: Hot Work (Attach Procedures): ☐ YES ☐ NO				
Building and/or Area Impacted:			,	
Date(s) Required:	Start Time:	End Time:		
Foreperson on Site:	Cell:	:		
Scope of Work – system components and area being aff	ected (attach additional de	ocument	ation as required):	
Shutdown Type (Pick One): Full Test Trouble Test				
Contractor providing fire watch stationed on panel? (Mandatory on Full Test)			☐ YES ☐ NO	
Security required to perform 45-minute recurring fire watch until shutdown end?		•	☐ YES ☐ NO	
Contractors must post signage at all entryways of affected areas. Signage will clearly explain the extent of the shutdown and Scope of Work. The contractor is responsible for notifying all occupants affected by the shutdown.				
Contractor Signature:	Da	Date:		
BCIT Liaison Signature:	Da	Date:		
BCIT Facilities Review				
ectrical Foreperson or Manager, Signature: Date:				
Notes:				
BCIT Safety & Security Coordination				
Security Manager, Signature:		Date:		
Notes:	I			