

Specific Project Requirements Forms Referece Sheet
SUBMIT ALL DOCUMENTATION TO CAPU LIAISON 5 DAYS IN ADVANCED FOR APPROVAL

Activity		Required Form(s)	Additional Documents	Actions
Will this project require building and parking lot access?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-02 Parking and Access Request</u>		Attend Security office for keys. Give license plates to Facilities
Will this project impact or require the deactivation of Fire/Life Safety systems (ie. interior Hot Work)?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-03 – Fire & Life Safety Shutdown</u> <u>SG-04 Hot Work Permit</u>	Work procedures and operations plan (see guidance document <u>SGD-01 - FLLS</u>)	Mandatory signed & approved copy on site
Will this project impact asbestos (drywall systems are assumed containing), lead or silica containing materials or any other WorkSafe Bc designated subsances?	<input type="checkbox"/> Yes <input type="checkbox"/> NA		Work procedures (See guidance document <u>SGD-02 - Asbestos</u>)	Mandatory signed & approved copy on site
Will a Notice of Project be required?	<input type="checkbox"/> Yes <input type="checkbox"/> NA			Mandatory copy on site
Will you be bringing WHIMIS controlled products on site?	<input type="checkbox"/> Yes <input type="checkbox"/> NA		List of materials and quantities	Mandatory list and MSDS's onsite
Will this project require access to the roof?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-05 Roof Access Form</u>	If required, additional submit a fall potection	Mandatory signed & approved copy on site
Will this project involve working on raised platforms or moveable work platforms and scaffolding? (OHSR Part 13) or from which a fall of 3 m may occur, or where a fall from less than 3 m involves risk of injury? (OHSR Part 11)	<input type="checkbox"/> Yes <input type="checkbox"/> NA		Work procedures, design specs, & professional engineer instructions. Also submit a fall protection plan.	Mandatory signed & approved copy on site
Will this project require entry into a confined space? (OHSR Part 9)	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-06 – Confined Space Entry</u>	Space specific risk assessment and entry procedures.	Mandatory signed & approved copy on site
Will this project require de-energization and/or lockout? (OHSR Part 10)	<input type="checkbox"/> Yes <input type="checkbox"/> NA		Specific Lockout/Tagout procedure plan	Mandatory signed & approved copy on site
Will this project involve work on Electrical including High Voltage systems? (OHSR Part 19)	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-07 High Voltage Access</u>	Work procedures	Mandatory signed & approved copy onsite.
Will this project include the use of any equipment using x-rays, sonar or other type of radiation?	<input type="checkbox"/> Yes <input type="checkbox"/> NA		Work procedures, equipment information & maintenance records	Mandatory signed & approved copy on site
Will this project require the shutdown of any utility systems?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-08- Utility Shutdown</u>		Mandatory signed & approved copy on site
Will this project require the use of CapU owned/leased equipment or tools?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<u>SG-09 – Tool/Equipment</u>		Tool Waiver to be filled out for each piece of equipment/tool
Will the activities of this project impact building occupants or others?	<input type="checkbox"/> Yes <input type="checkbox"/> NA			Inform the CapU Liaison of such impacts