

This form must be submitted a minimum of **5 WORKING DAYS** prior to the start of the lockout. All work is subject to the *Construction Safety/Security Manual*. **Routing:** Forward to Airport Authority Project Manager for Airport Authority projects or to Engineering Services (fax 604-276-5414) for tenant projects.

Project Name: _____ **Tracking No: RLO** _____

Company Name: _____ Request Date: _____

Contractor Name: _____ Phone No: _____

Requestor Name: _____ Fax No: _____

Work Being Performed for: YVRAA Tenant Tenant Name: _____

Project Manager Name: _____ Phone No: _____

Facility Permit No: _____ ENG Project No: _____ Fax No: _____

Name of Supervisor on Duty During Lockout: _____ Phone No: _____

Date and Time of Start of Lockout: Date: _____ Start (24-hour clock): _____

Affected Systems and Areas Information

Type of Lockout: Electrical Mechanical Both
 Other: Specify: _____

Type of System: Communication Baggage Passenger Loading Bridge Security HVAC
 Sanitary/Storm Lighting Power
 Other: Specify: _____

Type of Life Safety System: Potable Water System Fire Suppression System Fire Warning System
 Emergency Power Airfield Lighting Natural Gas
 Other: Specify: _____

Affected Systems and Areas: SPECIFY IN DETAIL THE AFFECTED SYSTEMS, AREAS, AND EQUIPMENT, AND PROVIDE DRAWINGS OF IMPACTED AREAS.

Description of Work: PROVIDE FULL DETAILS ON THE WORK TO BE PERFORMED. USE ADDITIONAL PAGES AS NECESSARY.

Project Name: _____ **Tracking No: RLO** _____

Describe how functionality verification or quality testing will be conducted on all affected systems after work is completed:

Lockout Duration

- One-time Lockout:** COMPLETE THIS SECTION IF LOCKOUT IS REQUIRED FOR A SINGLE DAY OR SHIFT.
 Date: _____ Start: _____ (24-hour clock) Stop: _____ (24-hour clock)
- Extended Lockout:** COMPLETE THIS SECTION IF LOCKOUT IS REQUIRED FOR AN EXTENDED DURATION.
 From Start Date: _____ Start Time: _____ (24-hour clock)
 To Stop Date: _____ Stop Time: _____ (24-hour clock)
- Repeating Lockout:** COMPLETE THIS SECTION IF LOCKOUT IS REQUIRED ON A DAILY BASIS FOR MORE THAN ONE DAY/SHIFT.
 From Date: _____ To Date: _____
 Daily Start Time: _____ (24-hour clock) Daily Stop Time: _____ (24-hour clock)
- Days of Work: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Supplementary Information and Requirements

1. Will this lockout affect any life safety system? Yes No **IF YES, COMPLETE AND ATTACH:**
Supplementary Page 8 - Life Safety Impairment Mitigation Plan
-
2. Will this lockout require shutdown of any fire warning or fire suppression systems? Yes No **IF YES, COMPLETE AND ATTACH:**
Supplementary Page 8 - Life Safety Impairment Mitigation Plan and Supplementary Page 9 - Shutdown of Fire Safety Systems Impact Review
-
3. Will the lockout require alteration to the fire alarm systems? Yes No **IF YES, COMPLETE AND ATTACH:**
Supplementary Page 8 - Life Safety Impairment Mitigation Plan and Supplementary Page 9 - Shutdown of Fire Safety Systems Impact Review and Fire Alarm Alteration Request [CSSM25]
-
4. Will hot work be performed as part of this lockout in conjunction with a shutdown of any fire warning or fire suppression systems? Yes No **IF YES, COMPLETE AND SUBMIT:**
Fire Safety Hazard Assessment Terminal [CSSM80] or Airside [CSSM85] and Hot Work Permit [CSSM100]

Contractor Safety Measures

- The Requestor must complete and submit a *Risk Assessment and Hazard Mitigation Plan* for the work being done (page 3 of this form). Submitted
- The Requestor must ensure all workers on site hold and attend a safety and work planning meeting prior to the start of this work. This will include, but is not limited to, all information on the Risk Assessment and if required a copy of any specific Safe Work Procedures [SWP]. Understood
- Are task-specific safe work procedures required for this lockout? If Yes, attach copy of SWP. Yes No

Contractor Request for Lockout Verification

The Requestor confirms the information provided in this *Request for Lockout* is accurate to the best of the Requestor's knowledge. The Requestor further confirms that all safety measures / procedures will be employed throughout the lockout and that no lockout will be performed or work started without the requirements under *Approvals* (page 5) being met.

Requestor Signature: _____ Date: _____

Project Name: _____ **Tracking No: RLO** _____

Target Crew: _____ **Target Date (mm/dd/yy):** _____

List below all lockout points required to establish the lockout. USE ADDITIONAL FORMS AS NECESSARY.

System, Equipment Devices, Identifier	Location, Impacted Areas or Systems	Returned to Pre-Lockout Position?			
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Restoration Date	Contractor Initials
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Explanation: Provide identity and reason for any equipment or device(s) not returned to pre-lockout position

Contractor Verification for System/Equipment Restoration

No lockout is complete until the Contractor has called Maintenance [MTE] to re-attend the job site and provided MTE with their (Contractor representative) signature on the MTE copy of the following declaration. Each of the lockout points identified above must have the *Returned to Pre-Lockout Position?* section completed. This includes lockouts that are spread over multiple days or nights, where the system/equipment is put back into service for the day or night.

Mandatory Post-Lockout Signatures

I, [PRINT NAME] _____, employed by _____, have inspected all lockout points and hereby verify that all lockout points have been restored to their pre-lockout position and that the system/equipment is ready for restoration.

Signed: _____ Date: _____ Time: _____

System/Equipment Restoration

The system/equipment was restored to operation by: [PRINT NAME]: _____

Signed: _____ Date _____ Time: _____

Project Name: _____ Tracking No: RLO _____

Project Manager Review Section

CHECK BOX TO CONFIRM SUBMISSION AND/OR REQUIREMENT

Item		When Required
<input checked="" type="checkbox"/>	<i>Request for Lockout</i>	Always
<input checked="" type="checkbox"/>	<i>Risk Assessment and Hazard Mitigation Plan</i>	Always
<input type="checkbox"/>	<i>Supplementary Page 8 - Life Safety Impairment Mitigation Plan</i>	When affecting any system classified as a life safety system
<input type="checkbox"/>	<i>Supplementary Page 9 - Shutdown of Fire Safety Systems Impact Review</i>	When disabling fire suppression and/or warning systems or making alteration to fire alarm software
<input type="checkbox"/>	<i>Fire Alarm Alteration Request</i>	Any alteration to fire alarm software, functioning
<input type="checkbox"/>	Simplex required to monitor fire panel in OPS	When two or more zones are off-line in Operational areas
<input type="checkbox"/>	<i>Fire Safety Hazard Assessment</i>	When hot work performed while fire safety systems are disabled
<input type="checkbox"/>	<i>Hot Work Permit</i>	When hot work performed while fire safety systems are disabled
<input type="checkbox"/>	Fire Watch Monitor [FWM] required	Operational areas are without fire warning/suppression systems
<input type="checkbox"/>	FWM coverage will be provided by:	<input type="checkbox"/> Contractor <input type="checkbox"/> Securiguard

Project Manager Notes:

The Project Manager has completed his/her review of the *Request for Lockout* and any other required attached forms and confirms that the information is complete and accurate to the best of his/her knowledge.

Project Manager Signature: _____ Date: _____

Total Number of Pages in this Submission: _____ Date Forwarded to Transition Team: _____

Project Name: _____ Tracking No: RLO _____

Transition Team Review Section		
1	Has the <i>Request for Lockout</i> including the Risk Assessment been completed? If No, return to Project Manager for completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Does the <i>Request for Lockout</i> start date give adequate time for review? If No, return to Project Manager for re-scheduling.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have all required documents been submitted? If no, return to Project Manager for completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Will this <i>Request for Lockout</i> affect a life safety system? If Yes, subject to questions 5 and 6, forward to Technical Services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Has the Requestor completed <i>Supplementary Page 8 - Life Safety Impairment Mitigation Plan</i> ? If No, return to Project Manager for completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6	Has the Requestor completed <i>Supplementary Page 9 - Shutdown of Fire Safety Systems Impact Review</i> ? If No, return to Project Manager for completion.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Transition Team Notes

Transition Team Review by: _____ Date: _____

Transition Team Routing

Forwarded to: Technical Services for review – when required Date: _____

Forwarded to: Duty Superintendent on: _____ Crew Date: _____

Copied to: Project Manager Date: _____

Copied to: Operations Date: _____

Technical Services Review Section

Have all required documents been submitted? If no, return to Project Manager for completion. Yes No

Have the safety measures provided by the Requestor completely addressed (minimized) any increased risks resultant from the impairment? If no, return to Project Manager for completion. Yes No

Is the duration of the impairment acceptable? If no, return to Project Manager for completion. Yes No

Will Simplex/Edwards have to complete information on the *Fire Alarm Alteration Request*? Yes No

Review by: _____ Date: _____

Forwarded to: Duty Maintenance Superintendent on: _____ Crew Date: _____

Copied to: Project Manager Date: _____

Copied to: Operations Date: _____



Request for Lockout Supplementary Page

Life Safety Impairment Mitigation Plan

Project Name: _____ Tracking No: RLO _____

Life Safety Impairment Mitigation Plan: DESCRIBE IN DETAIL THE NATURE, EXTENT, AND DURATION OF THE IMPAIRMENT TO THE LIFE SAFETY SYSTEM (I.E., IMPACT TO THE FACILITY FIRE SAFETY SYSTEMS). USE ADDITIONAL PAGES AS NECESSARY.

Protection Measures: GIVE DETAILS ON ALL MEASURES TAKEN TO MINIMIZE THE IMPACT OF THE IMPAIRMENT. INCLUDE DRAWINGS SHOWING AFFECTED LOCATIONS. DESCRIBE IN DETAIL THE TEMPORARY PROTECTION MEASURES TO BE EMPLOYED. USE ADDITIONAL PAGES AS NECESSARY.

Technical Services Team Notes:



Request for Lockout Supplementary Page

Shutdown of Fire Safety Systems

Project Name: _____ Tracking No: RLO _____

Submissions: WHERE REQUIRED, COMPLETE AND SUBMIT THE FOLLOWING:

Fire Safety Hazard Assessment Submitted Not Required

Fire Alarm Alteration Request Submitted Not Required

Will Simplex be required to monitor the fire alarm system from Operations? Yes No

Will the temporary fire protection measures include a Fire Watch Monitor? If yes, provide name and telephone number of Fire Watch Monitor. Yes No

Company Name: _____ Phone No: _____

Fire Watch Monitor Name: _____ Phone No: _____

Technical Services Review: A NO REQUIRES REJECTION OF REQUEST

Has the Contractor submitted a *Fire Safety Hazard Assessment*? Yes No N/A

Has the Contractor submitted the *Fire Alarm Alteration Request*? Yes No N/A

Has Simplex/Edwards provided all required information on *Fire Alarm Alteration Request*? Yes No N/A

Has the Requestor submitted and attached all other required documentation? Yes No

Has the Contractor properly identified the impact to the facility fire safety systems? Yes No

Has the Requestor provided detailed measures that will ensure that any increased risks resultant from the impairment are minimized? Yes No

Have the appropriate fire protection measures been identified? Yes No

Is the duration of the impairment acceptable? Yes No

If Reviewer has checked **NO** to any of the above or has any other concern with this impairment, indicate the area where more information is required and return to Project Manager for completion.

REQUEST APPROVED **REQUEST APPROVED SUBJECT TO CONDITIONS** **REQUEST REJECTED**

DETAIL ANY CONDITIONS FOR APPROVAL OR ADDITIONAL REQUIREMENTS TO OBTAIN APPROVAL:

Approved by: _____ Date: _____

Dept: MTE Technical Services Phone: _____ Fax: _____

Impairment Coordinator Notes for Actioning Superintendent:

**RETURN THESE COMPLETED AND SIGNED FORMS TO MAINTENANCE ADMINISTRATION
ALONG WITH ANY ATTACHED DOCUMENTS**