

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*
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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]*
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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:

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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.

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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 \_\_\_\_\_

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**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.

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**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.

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**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**