

Notice of Project/Contractor Impact Assessment

Vancouver Airport Authority requires notification of the start of contractor projects 7 days before site activities start.

Routing: Email to contractor_safety@yvr.ca. A copy of the approved Notice of Project (NOP) must be available on site.

A. PROJECT INFORMATION	
Project name <input style="width: 95%;" type="text"/>	Request date (yyyy-mm-dd) <input style="width: 95%;" type="text"/>
Contractor name <input style="width: 95%;" type="text"/>	Contractor phone number <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
Requester name <input style="width: 95%;" type="text"/>	Requester email <input style="width: 95%;" type="text"/>
Work being done for <input type="checkbox"/> Vancouver Airport Authority <input type="checkbox"/> Vancouver Airport Property Management <input type="checkbox"/> Cargo Business Development <input type="checkbox"/> Tenant: specify name <input style="width: 60%;" type="text"/>	
Project manager name <input style="width: 95%;" type="text"/>	Project manager phone number <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
Project manager email <input style="width: 95%;" type="text"/>	
Facility Alteration Permit (FAP) number <input style="width: 95%;" type="text"/>	Project number <input style="width: 95%;" type="text"/>
Area of work *Check all that apply. <input type="checkbox"/> Airside <input type="checkbox"/> Vancouver Airport Property Management <input type="checkbox"/> Baggage hall <input type="checkbox"/> Inside terminal public area <input type="checkbox"/> Domestic Terminal Building <input type="checkbox"/> International Terminal Building <input type="checkbox"/> South Terminal Building <input type="checkbox"/> Cargo Business Development <input type="checkbox"/> Curbside/Parkade <input type="checkbox"/> Electrical/Mechanical room	
Location of work *Attach map with address and room numbers where possible. <input style="width: 95%;" type="text"/>	
Project scope of work <input style="width: 95%; height: 60px;" type="text"/>	

B. CONTRACTOR INFORMATION

Contractor <input type="text"/>	Contractor phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contractor address <input type="text"/>	Contractor email <input type="text"/>
Contractor project manager name <input type="text"/>	Contractor project manager phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contractor superintendent name <input type="text"/>	Contractor superintendent phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contractor safety officer name <input type="text"/>	Contractor safety officer phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24-hour emergency contact name <input type="text"/>	Emergency contact phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Work start date (yyyy-mm-dd) <input type="text"/>	Estimated work completion date (yyyy-mm-dd) <input type="text"/>
<input type="checkbox"/> Day shift hours of work: from <input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Afternoon shift hours of work: from <input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Night shift hours of work: from <input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Work days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	

C. HAZARD IDENTIFICATION

- Does the work require demolition of existing structures, systems, or building finishes?
 Yes No
 Which of the following require demolition?
 Drywall Ceilings/floors Interior walls Exterior walls Structural
 Tile removal Concrete removal Interior finish Mechanical Electrical
 HVAC Sprinkler Fire alarm Baggage Other
- Does the work require modification of existing structures, systems, or building finishes?
 Yes No
 Which of the following require modification?
 Walls Floors/ceilings Mechanical Electrical Communication
 HVAC Sprinkler Fire alarm Baggage Other
- Will work impact terminal operations or alter passenger flow?
 Yes No

C. HAZARD IDENTIFICATION (CONTINUED)

- 4. Will the work generate airborne contaminants, such as dust, fumes, odours?
 Yes No
- 5. Will glues, solvents, or paints be used during the work?
 Yes No
- 6. Will excessive noise be generated during the work?
 Yes No
- 7. Will work be done in the bag hall?
 Domestic Terminal Building International Terminal Building Link Transborder
- 8. Will work be done airside?
 Yes No
- 9. Will work require coring, cutting, or excavation?
 Yes No
 Which activities will be required?
 Coring Cutting Excavation
- 10. Will work require the use of mobile equipment?
 Yes No
 Which mobile equipment will be required?
 Crane Hiab Forklift Scissor lift Genie lift
 Other: specify
- 11. Will work be conducted on roadways or require lane closures?
 Yes No
- 12. Will site containment be used?
 8-ft hoarding 4-ft hoarding Shrink wrap
 Other: specify

D. CONTRACTOR SAFETY REVIEW *FOR AIRPORT AUTHORITY USE ONLY

Comments

D. CONTRACTOR SAFETY REVIEW (CONTINUED) *FOR AIRPORT AUTHORITY USE ONLY

Required permit submission

✓	Document	Routing
<input type="checkbox"/>	Hot Work Permit/Fire Safety Hazard Assessment	contractor_safety@yvr.ca
<input type="checkbox"/>	Crane Operating Permit	contractor_safety@yvr.ca
<input type="checkbox"/>	Request for Lockout	MteLockOutReviewTeam@yvr.ca
<input type="checkbox"/>	Hazardous Materials Request for Information (BRHEMP-RFI)	contractor_safety@yvr.ca
<input type="checkbox"/>	Airport Zoning Assessment (AZA)	contractor_safety@yvr.ca
<input type="checkbox"/>	Excavation/Trenching Permit (Tenant Project)	permits_@yvr.ca
<input type="checkbox"/>	Coring/Sawcutting Permit (Tenant Project)	permits_@yvr.ca
<input type="checkbox"/>	Excavation/Trenching Permit (Airport Authority Project)	Airport Authority project manager
<input type="checkbox"/>	Coring/Sawcutting Permit (Airport Authority Project)	Airport Authority project manager
<input type="checkbox"/>	Site-Specific Safety Plan	contractor_safety@yvr.ca
<input type="checkbox"/>	Traffic Control Plan	contractor_safety@yvr.ca
<input type="checkbox"/>		
<input type="checkbox"/>		

Authorized by

Department

Phone number

Email

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Send copies to:

- Airport Operations
- Airside Safety
- Terminal Construction Coordinator
- Requester
- Project manager