



Operations Checklist

Terminal Building

[OPS1]

All FAP applications that involve construction inside of a terminal building are required to complete the following questions about the potential operational effects of the project construction and operation activities, for any projects that are in a terminal building.

Project Name: _____

Contact Name and phone number: _____

1. Will your work impact or interrupt airline processes, passenger flow or any public areas with the Terminal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2. Will your work impact or interrupt any post security passenger areas, tenant or airline processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Will you require additional access to base building? (E.g. Other tenant, or airline space)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
4. Will you be required to interrupt any utilities? (water, sewer, storm, gas, electrical)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5. Will you be required to erect construction hoarding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6. Will you be required to impact normal baggage system operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
7. Will you require multiple deliveries to your work site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
8. Will you be required to remove demolition materials through the terminal building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. Will your work generate any unpleasant odors? (glues, epoxy, welding, paint...)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
10. Will you require the use of cranes or lifting equipment? (e.g.- tower/mobile cranes, pumper truck, HIAB or Stingers, man hoists, lifts, cherry pickers, pile driving equipment...)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
11. Will you be required to use noisy equipment in your work? (e.g. Hilti guns, jackhammers, concrete drills, saw cutters...)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
12. Will your work require you to penetrate the Primary Security Line?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
13. Will you be required to shut down any elevators, escalators, or moving walkways?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
14. Will your work impact or require you to penetrate existing roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
15. Will you be applying for any additional permits? (e.g. hotwork, lockouts, crane, excavation, cutting or coring...)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
16. Will the contractors be entering a bag hall at any point.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
17. Will YVR/AA be responsible for maintaining any of the equipments installed in this project	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Signature of Applicant