



SERVICE WORK PERMIT

EMAIL FORM TO: tdcooperations@cadillacfairview.com

Please provide 72 hours for review and approval.

GENERAL INFORMATION

TENANT _____

TENANT CONTACT _____ TELEPHONE _____

BUILDING _____ FLOOR(S) _____

DATE _____ EMAIL _____

CONTRACTOR/SERVICE PROVIDER INFORMATION

COMPANY _____

CONTACT NAME _____ TELEPHONE _____

CELLULAR _____ EMAIL _____

PROJECT/SERVICE(S) INFORMATION

DURATION FROM _____ TO _____

HOURS OF WORK FROM _____ TO _____

ACCESS CONTROL PASSCARD ESCORT KEYS – TENANT KeyS – COMMON

WILL THIS WORK BE COMPLETED IN AREAS OUTSIDE YOUR LEASEABLE SPACE (I.E. RISER ROOMS, MECHANICAL ROOMS, JANITOR CLOSETS, ETC.)? YES NO

IF YES, SPECIFY WHERE: _____

SUMMARY OF WORK _____

SUB-TRADES _____

ACKNOWLEDGEMENT

TENANT SIGNATURE _____ CF SIGNATURE _____

NAME _____ NAME _____

- ALL trades MUST be unionized
- A comprehensive list of ALL trades, names of workers expected on site, and emergency contact numbers must be attached to this permit form
- All fields are mandatory
- All individuals entering TD Centre must complete the attached COVID-19 screening form and submit to ACC on the day of attendance.

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____

DISTRIBUTION OPERATIONS TENANT RELATIONS SECURITY & LIFE SAFETY PROJECT MANAGEMENT

COMMENTS _____

GOVERNMENT OF ONTARIO NEW COVID-19 SCREENING REQUIREMENTS

Prior to entering the premises please review the questions below and if you answer “yes” to any of the following, please do not enter. Contact your supervisor immediately along with your local Public Health body.

Employee name: _____

Item	Assessment Questions	Yes	No
1	Do you have any of the following new or worsening symptoms or signs? Symptoms should not be chronic or related to other known causes or conditions. (Fever or chills, difficulty breathing or shortness of breath, cough, sore throat, trouble swallowing, runny nose/stuffy nose or nasal congestion, decrease or loss of smell or taste, nausea, vomiting, diarrhea, abdominal pain, not feeling well, extreme tiredness, sore muscles.)		
2	Have you travelled outside of Canada in the past 14 days?		
3	Have you had close contact with a confirmed or probable case of COVID-19?		

Your privacy is very important to us. Any personal information collected from you will be used by The Cadillac Fairview Corporation Limited (“CF”) for COVID-19 screening management purposes. For more information regarding our collection, use and disclosure of personal information, please refer to our privacy policy.

If you have a privacy question or concern, you may contact Cadillac Fairview’s Chief Privacy Officer at 416-598-8200 or cfprivacy@cadillacfairview.com.

I have read and acknowledge the above privacy statement and consent to the collection, use and disclosure of my personal information for the purposes stated therein.

