



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 trades must review and comply with TD Centre's health assessment requirements (see attached).

FOR OFFICE USE ONLY

RECEIVED BY _____ DATE _____

DISTRIBUTION OPERATIONS TENANT RELATIONS SECURITY & LIFE SAFETY PROJECT MANAGEMENT

COMMENTS _____

WE ARE COMMITTED TO PROVIDING A SAFE ENVIRONMENT FOR EVERYONE DURING THE COVID-19 PANDEMIC AND TO LIMITING THE SPREAD OF THE VIRUS.

PLEASE DO NOT ENTER TD CENTRE IF YOU:

- **Have travelled outside of Canada in the last 14 days to any of the identified COVID-19 travel health notice countries**
- **Are experiencing symptoms related to COVID-19**
- **Have been advised by your physician or Public Health inspector to be in self-isolation (currently/within the last 14 days)**
- **Have been in contact with anyone who is a confirmed case of COVID-19 in the last 14 days**

CF