

### REQUESTOR'S INFORMATION

A Hot Work permit is required for a temporary operation involving open flames or producing heat and/or sparks, in an identified Confined Space or in the near vicinity of stored flammable products, and aircrafts. Hot Work includes but is not limited to: Cutting, welding, brazing, grinding, soldering, thawing pipes, torch applied roof covers, and any operation involving open flames including the use of a BBQ, and any operations that generate sparks or heat.

A Hot Work Permit application is to be completed and submitted by the Contractor or Works Department to **the BBTCA Duty Manager at [dutymanagers@torontoportauthority.com](mailto:dutymanagers@torontoportauthority.com)** (tel.: 416-203-6942 ex. 17) a minimum of **5 business days** prior to commencing such work.

**Emergency Hot Work** can be approved in less than 5 days if it can be verified that the work is an actual emergency and not a lack of planning.

**The Contractor checks in with the BBTCA Airport Operations Communications Centre at tel.: 416-203-6942 ex. 10 on the day of the scheduled works, to have the Fire Hall dispatched to site and approve the Hot Work Permit.**

**NOTE:** This application will become part of the Hot Work Permit once approved.

#### Check Applicable

FAP Hot Work:  Maintenance Hot Work:  Emergency Hot Work:  BBQ:

FAP#: \_\_\_\_\_ Project's Name: \_\_\_\_\_

NOW# or WO#: \_\_\_\_\_ Vortex Number: \_\_\_\_\_

Contact First and Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company's Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Work Being Completed by:**

Check if Same as Applicant:

Full Name of person on site: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone (on site): \_\_\_\_\_ Email: \_\_\_\_\_

# HOT WORK APPLICATION

## BILLY BISHOP TORONTO CITY AIRPORT

### DESCRIPTION OF HOT WORK

Exact Location of Work: \_\_\_\_\_

*If Escort is Required*

Full Name of Escort: \_\_\_\_\_

RAIC#: \_\_\_\_\_ If applicable – AVOP#: \_\_\_\_\_

*Nature of Work:*

Estimated Date and Time Work is to Begin: \_\_\_\_\_

Estimated Date and Time Work is to End: \_\_\_\_\_

Requestor's Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name & Sign DD/MM/YYYY

### APPROVAL (for use of Toronto Port Authority Only)

*BBTCA Comments:*

*Emergency Services Comments:*

*Approved By*

Name & Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_