

## AFTER-HOURS / WEEKEND WORK PERMIT

Permit Start Date

Permit End Date

*Example: January 7, 2019 11:03 AM*

*Example: January 7, 2019 11:03 AM*

☐ 1475 Mt Fee Rd

☐ 1600 Mt Fee Rd

Subcontractor Company

Work Description

First Aid Responsible Onsite

Emergency Contact Phone Number

### PPE Required

- ☐ Hard Hat
- ☐ Safety Glasses
- ☐ High-Vis Vest
- ☐ Steel-Toed Boots
- ☐ Other

Hot Work Permit Submitted?

Yes No N/A

Fall Protection Plan Submitted?

Yes No N/A

Silica Control Plan Submitted?

Yes No N/A

First Aid Tickets Provided?

Yes No

### Notifications:

1. **Commissionaires Monitoring Station** (call before entry and upon exit): **250-220-4235**
2. **WDC** Emails to Notify: [dan@wdc2020corp.com](mailto:dan@wdc2020corp.com) & [safety@wdc2020corp.com](mailto:safety@wdc2020corp.com)

By signing, I acknowledge that I am the after-hours emergency contact, must be available for any emergency, and will check on my crew frequently.

Permit Requester  
Name & Signature