

## AFTER-HOURS / WEEKEND WORK PERMIT

Permit Start Date

Example: January 7, 2019 11:03 AM

Permit End Date

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 & 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