

**FIRE SYSTEM BY-PASS FORM**

**PLEASE FAX TO: (416) 552-6351**

Tenant/Company Requesting Permit (Responsible for Costs)

Name:	Contact Name:	Office Phone:
Address:		Fax No:
City:	Postal Code:	
Site Contact:		Site Contact Phone:
Date Permit is Required:		Time Start:
Estimated Finish Time:		Actual Finish Time:
Building / Area of Work:		
Type of Work:		
Signature of Tenant/Contractor:		Approved by Property Management:

**Tenant/Contractor:**

- Have you reviewed & signed the building safety policy for hot work or fire safety system bypasses
- Is required safety equipment onsite & in good working order
- You must sign in with security & building operations before any work shall start. Failure to do this will mean suspension of your permit
- You must check in with building security & building operations when the work is complete. Failure to do this will mean the billing for the bypass will continue until it is done
- You must have your permit tag at the site at all times.
- Failure to do this will result in suspension of permit.
- Tag is issued when you arrive on-site.

**Building Operations:**

- Have all schedules been reviewed for conflicts?
- Has safety check list been reviewed for compliance?
- Have tenants adjacent to work area been informed?
- Will work being done compromise fire life safety for the complex?
- Has tenant/contractor safety equipment been checked?
- Are appropriate systems bypassed & are systems being monitored.
- Issue tag only if compliance is met.

**Your request for permit must be submitted 48 hours in advance of work**

Only when work is authorized by Property Management shall a permit be granted

**This policy is for the safety of all occupants of this complex.**

**FIRE SAFETY  
INFORMATION**

180 Queen Street West.

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

**FIRE WARDEN LIST**

**PLEASE LIST ALL FIRE WARDENS FOR YOUR OFFICE.**

COMPANY NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WARDEN: 1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

PLEASE RETURN TO GWL MANAGEMENT OFFICE VIA FAX: 416-552-6351

**FIRE SAFETY  
INFORMATION**

180 Queen Street West.

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

**STAFF ASSISTANCE  
SHEET**

IF YOU HAVE ANY CONDITION WHICH YOU FEEL MAY DETER YOUR SAFE  
EVACUATION FROM YOUR WORK LOCATION, PLEASE ADVISE YOUR FIRE WARDEN,  
OR FIRE COMMANDER ABOUT IT.

PLEASE FILL OUT THE REQUIRED INFORMATION BELOW.  
FOR FIRE & EMERGENCY PERSONNEL USAGE ONLY.

**FLOOR # AND COMPANY  
NAME:** \_\_\_\_\_

**YOUR FULL NAME:** \_\_\_\_\_

**LOCATION IN OFFICE:** \_\_\_\_\_  
\_\_\_\_\_

**REASON FOR ASSISTANCE:** \_\_\_\_\_  
\_\_\_\_\_

**DAYS/HOURS WORKED:** \_\_\_\_\_

THIS INFORMATION IS CONFIDENTIAL & WILL ONLY BE USED IN AN EMERGENCY SITUATION.

PLEASE RETURN THIS INFORMATION TO GWL MANAGEMENT OFFICE VIA FAX 416-552-6351.