

FORM 7: HAZARDOUS BUILDING MATERIAL PERMIT

Ver. #:

Ver. Date:

Instructions: Complete sections of this form, as needed, with the assistance of your contractor for work scopes requiring impacting lead or asbestos-containing building materials. The completed form must be submitted to SSEM within **3 business days** of the start of the impact work scope. SSEM may require additional review of contractor documentation with regards to hazardous building material impact (e.g. risk assessments, work procedures, etc.). SSEM will notify the BCIT Liaison if any such review is needed.

Project #:	Scope Start Date:	Scope End Date:
Prime Contractor:	BCIT Liaison:	Cell #:
<input type="checkbox"/> Fixed-Scope Project <input type="checkbox"/> Ongoing/Annual Service Scope		
Applicable Work Scopes:	<input type="checkbox"/> Material Surveying/Bulk Sampling <input type="checkbox"/> Material Impact/Abatement <input type="checkbox"/> Environmental Consultant	Complete Part 1 Complete Part 2 Complete Part 3

PART 1: MATERIAL SURVEYING/BULK SAMPLING INFORMATION NA

Company:	Material(s): <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos – Licence #:
Locations:	
Purpose:	<input type="checkbox"/> Pre-Construction Assessment <input type="checkbox"/> Annual/Regular Survey <input type="checkbox"/> Other:

PART 2: IMPACT/ABATEMENT INFORMATION NA

Company:	Material(s): <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos – Licence #:		
Supervisor:	Cell #:		
Scope 1 HazMat:	Type: <input type="checkbox"/> Impact <input type="checkbox"/> Abatement <input type="checkbox"/> Demolition		
Work Location & Scope:	<table border="1"> <tr> <td>Material(s) (e.g. drywall, piping, etc.)</td> <td>Work Risk Level</td> </tr> </table>	Material(s) (e.g. drywall, piping, etc.)	Work Risk Level
Material(s) (e.g. drywall, piping, etc.)	Work Risk Level		
Post-Work Inspector:	<input type="checkbox"/> Clearance Letter <input type="checkbox"/> Consultant Oversight		
Company:			
Scope 2 HazMat:	Type: <input type="checkbox"/> Impact <input type="checkbox"/> Abatement <input type="checkbox"/> Demolition		
Work Location & Scope:	<table border="1"> <tr> <td>Material(s) (e.g. drywall, piping, etc.)</td> <td>Work Risk Level</td> </tr> </table>	Material(s) (e.g. drywall, piping, etc.)	Work Risk Level
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Post-Work Inspector:	<input type="checkbox"/> Clearance Letter <input type="checkbox"/> Consultant Oversight		
Company:			
Scope 3 HazMat:	Type: <input type="checkbox"/> Impact <input type="checkbox"/> Abatement <input type="checkbox"/> Demolition		
Work Location & Scope:	<table border="1"> <tr> <td>Material(s) (e.g. drywall, piping, etc.)</td> <td>Work Risk Level</td> </tr> </table>	Material(s) (e.g. drywall, piping, etc.)	Work Risk Level
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Post-Work Inspector:	<input type="checkbox"/> Clearance Letter <input type="checkbox"/> Consultant Oversight		
Company:			

NOTE: For additional companies or work scopes, use additional fields at end of this form (APP-A)

PART 3: ENVIRONMENTAL CONSULTANT INFORMATION NA

Company:	Material(s): <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos – Licence #:
Scope:	<input type="checkbox"/> Air Sampling <input type="checkbox"/> Inspection <input type="checkbox"/> Supervision <input type="checkbox"/> Risk Assessment/Procedure Development <input type="checkbox"/> Other:

NOTE – WASTE MANIFESTS: Contractors are responsible for disposing of all hazardous waste produced in the described work scopes. For asbestos waste, direct contractors to use the Waste Generator Number BCG102357 on the Waste Manifest, and to submit all relevant Manifest copies to ssemhse@bcit.ca or mailed with "ATTN: BCIT HSE – SW01-1022".

SIGN-OFF

BCIT Liaison: Sign the permit to indicate that the information provided accurately reflects hazardous building material scope anticipated for this project.

BCIT Liaison:	Signature:	Date:
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Contractor Rep. – Qualified Person: A representative for the contractor, meeting the WorkSafeBC definition of a qualified person, must sign to indicate that the described scopes will be performed in compliance to all WorkSafeBC regulatory requirements with respect to hazardous building materials

Name/Company:	Signature:	Date:
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APPROVAL – SSEM USE ONLY

HSE Name:	Signature:	Date:
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APP-A: Additional HazMat Impact/Abatement Contractors and/or Scopes

Company: <input type="checkbox"/> Same as Part 2 <input type="checkbox"/> Other:		
Supervisor:		Cell #:
HazMat: <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos – Licence #:		Type: <input type="checkbox"/> Impact <input type="checkbox"/> Abatement <input type="checkbox"/> Demolition
Work Location & Scope:	Material(s) (e.g. drywall, piping, etc.)	Work Risk Level
Post-Work Inspector: Company:		<input type="checkbox"/> Clearance Letter <input type="checkbox"/> Consultant Oversight
Company: <input type="checkbox"/> Same as Part 2 <input type="checkbox"/> Other:		
Supervisor:		Cell #:
HazMat: <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos – Licence #:		Type: <input type="checkbox"/> Impact <input type="checkbox"/> Abatement <input type="checkbox"/> Demolition
Work Location & Scope:	Material(s) (e.g. drywall, piping, etc.)	Work Risk Level
Post-Work Inspector: Company:		<input type="checkbox"/> Clearance Letter <input type="checkbox"/> Consultant Oversight
Company: <input type="checkbox"/> Same as Part 2 <input type="checkbox"/> Other:		
Supervisor:		Cell #:
HazMat: <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos – Licence #:		Type: <input type="checkbox"/> Impact <input type="checkbox"/> Abatement <input type="checkbox"/> Demolition
Work Location & Scope:	Material(s) (e.g. drywall, piping, etc.)	Work Risk Level
Post-Work Inspector: Company:		<input type="checkbox"/> Clearance Letter <input type="checkbox"/> Consultant Oversight