

AFTER HOURS AND WEEKEND WORK REQUEST

This form is to be completed and submitted not less than 24 hours prior to the start date of the work detailed in question 12. This form must be kept near the work area when workers are on site and must be presented when requested by an authorized company representative or WorksafeBC officer. All fields must be completed on this form and all required SWP must be submitted for review.

Date of request:		Company requesting:			
Foreman/Supervisor for after hours work:				Phone:	
Start date:	Start time:	End date of:	End time:		
How many workers on site:	First Aid attendant:				Level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Description of work to be done:					Office use only
					Ticket received: <input type="checkbox"/> Y <input type="checkbox"/> N
					Expiry:
					Ticket #:
Location of work to be done (list all areas continue on back if required)	❶	❷		❸	
	❹	❺		❻	
What is your emergency plan?					
What special equipment will be used as part of this plan (<input type="checkbox"/> this section is not applicable)?					
Do you have written procedures for the work? <input type="checkbox"/> Y <input type="checkbox"/> N		If 'Yes' attach for review		Office use only	
		If 'No' written procedures may be required			
Comments:				Safety Coordinator received? <input type="checkbox"/> Y <input type="checkbox"/> N	
				Safety Coordinator reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N	
				SWP OK? <input type="checkbox"/> Y <input type="checkbox"/> N	
				If "No" note deficiencies:	

Name	Signature	Date
Company rep submitting form		
Supervisor of work		
Superintendent		