



WORK ACTIVITY PERMIT

WAP Number: _____
 HUP Number: _____

(WO & HUP Permit numbers will be generated by the Permits Coordinator)

Date: _____ / _____

Date of Issue: _____ / _____

Company: _____ On-Site Supervisor: _____

Office Phone:(____)____-____ Cell:(____)____-____ Fax:(____)____

Emergency Contact: _____ Phone:(____)____-____

Additional Subcontractor: _____ On-Site Phone:(____)____-____

Please Print ONE FORM FOR EACH LOCATION
 ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED

Location of Work:

Highway/Road: _____ Direction: Westbound Lane Eastbound Lane

From: _____ To: _____

Lanes to be Closed: Use: **X** for closed lanes
 LSH L1 L2 L3 RSH

Ramp(s) affected: Yes No No lanes closed, shoulder work with no impact to traffic.
 (if yes give full details of ramp(s) below)

Underground Plant locates required? Yes: No: If yes, date of completed locates: _____ / _____

Indicate Exact Location (Km marker), Details and Purpose of Closure and Job Description:

Timing of Work Activity:

From: _____ am _____ / _____ / _____ To: _____ am _____ / _____ / _____
 pm M D Y pm M D Y

Traffic Control Required: Yes No

Fax To: Brun-Way Highways Operations Control Centre (OCC) @ 506-474-7752
OCC must be notified daily at the start and finish of closure and/or job @ 1-888-464-7575

Applicant Signature
Print Name

Recommended for Approval Brun-Way District Manager	Approved Brun-Way OMR Manager
Date	Date

Subject to above and conditions of Work Activity Permit Attachment.



WORK ACTIVITY PERMIT ATTACHMENT

For Work in the Highway 2/95 Right-of-Way

WAP Number	-----
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Procedures to follow when planning any work that will have an impact on those sections of Highway 2 and/or 95 that fall under the responsibility of Brun-Way Highways Operations Inc. Applicant must submit the Work Activity Permit to Brun-Way Highways Operations Inc 5 working days prior the work taking place.

Permits:

- It is the responsibility of the individual performing the work to ensure they have obtained all the required permits before any work commences, including the **Highway Usage Permit** as issued by *Brun-Way Highways Operations Inc* for the design and construction details of the work.

Utility Locates:

- If locates are required, the applicant must have contacted all utilities companies and made all arrangements with them directly prior to submitting the Work Activity Permit.

Approvals:

- One of the following persons must be contacted to gain approval before any work activity commences and advised of the job details and any unique situations.

Brun-Way District 1, St-Léonard:	Charlie Chiasson	Work: 506-423-6587
Brun-Way District 2, Centerville:	Ben Butterfield	Work: 506-276-3569
Brun-Way District 3, Meductic:	Rob McCormack	Work: 506-272-1806

Notification:

- The completed Work Activity Permit** must be filled out by the applicant and sent to the Operations Control Centre (OCC). No work on the highway (roadway or corridor) will be permitted until approved/signed by *Brun-Way Highways Operations Inc*.
- The OCC must be notified **daily** for each of the following times at 1-888-464-7575:
 - When you arrive on site.
 - When operations are completed and you are off the highway.

Work Scheduling:

- Work will **not** be permitted during the weekends and Statutory Holidays.

Environment:

- Must conform to all Environmental regulations.

Safety:

- Fax pre-job hazard assessment prior to work start (see attached form)
- Wear personal protective equipment as prescribed by New Brunswick Occupational Health and Safety Act and Regulations
- Work safely following the New Brunswick Occupational Health and Safety Act

Traffic Control:

- All traffic control and signage must be provided/installed by *Brun-Way Highways Operations Inc*. Traffic control must be arranged with Brun-Way by the permit holder (applicant) prior to the commencement of any work.
- Applicable rates for traffic control will be determined and agreed upon prior to the commencement of work.

Insurance:

- A Proof of Insurance Certificate naming Brun-Way Highways Operations Inc. as co-insured covering the work** must be faxed to Control Centre along with the Work Activity Permit.

\$2 Million \$5 Million \$10 Million

Special Conditions:

Date of evaluation: _____ Evaluation done by: _____

Job location: _____

Job description: _____

1. Have team members been oriented to the necessary aspects of this job.

Y		N
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Remarks: _____

2. Do all team members and contractors know the following for this job.

⇒ Who is the first aider on site?

Y		N
---	--	---

⇒ Location of emergency supplies (First aid kit, burn kit, fire extinguisher)

Y		N
---	--	---

⇒ Emergency phone number?

Y		N
---	--	---

⇒ Closest emergency services to the work site?

Y		N
---	--	---

⇒ Who to report accidents/incidents

Y		N
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Remarks: _____

3. What PPE will be needed to complete job?

Hard hat Safety glasses Reflective vest Fall arrest Gloves Other*

*Please specify what PPE is required: _____

4. Will hot work be performed?

Y*		N
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*fill sect.4

⇒ Is a fire extinguisher readily available?

Y		N
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⇒ Proper PPE available (Gloves, sheild, clothing)

Y		N
---	--	---

⇒ Ventilation adequate?

Y		N
---	--	---

Remarks: _____

5. Will traffic control be needed?

Y*		N
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*fill sect.5

⇒ What WATCM setup is to be used: _____

6. Team Members: _____

Completed by: _____ Signature: _____ Date: _____