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| **Approval Form – Siting of Temporary Buildings** |
| The Building Owner (Requestor) shall initiate the completion of this form through to approval, prior to the occupancy of the Temporary Building. |
| **Date:**  | **Estimated Duration of Siting:** | **Person Conducting Assessment:** Natalia Parra Alvarez |
| **Requestors Name & Dept:** | **Building Type: A** [ ]  **(Wooden )** | **Location of Portable Building:** |
| **Building Type: B** [ ]  **(ISO Containers)** |
| **Building Type: C** [ ]  **(Others)** |
| **DM Requesting Permit if applicable:** | **Contact #:** |
| **Contractor Company if applicable:** | **Contact #:**  |
| Reasons justifying the request to introduce a temporary building: |  |
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|  |
| Date In: |  | Date Out: |  |
|  |
| The under listed verifications are to be performed; |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes**  | **No** | **N/A** | **Comments** |
| 1. Has a marked-up Plot Plan, showing the approximate proposed location been presented with this application?
 |[ ] [ ] [ ]   |
| 1. **Are all minimum safe distance requirements met with the proposed location?**
 |[ ] [ ] [ ]   |
| 1. Does location minimize possible egress risks?
 |[ ] [ ] [ ]   |
| 1. Does the location proposed obstruct access to fire suppression equipment?
 |[ ] [ ] [ ]   |
| 1. Does heavy lifting using a crane routinely occur in the immediate vicinity of the proposed building.
 |[ ] [ ] [ ]   |

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## This temporary building siting is hereby approved:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reviewed by (Requestor) |  |  | Date |  |
| Reviewed by Process Safety Lead |  |  | Date  |  |

*NOTE: This form, once signed off by the PSM Lead, captures the risk assessment required for siting the temporary buildings and shall be uploaded in the MoC.*