|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | |  | |
|  | | | | | | |
|  | | | | | | |
| Date In: |  | | Date Out: | | |  |
|  | | | | | | |
| The under listed verifications are to be performed; | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **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. |  |  |  |  | | | | | | | |

## 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.*