



ENGINEERING & OPERATIONS DEPARTMENT
#200 2564 Shaughnessy Street, Port Coquitlam, BC V3C 3G4
ph: 604.927.5420 fax: 604.927.5407 engineering@portcoquitlam.ca

Please submit SEVEN (7) working days prior to intended closure date.

ROAD/LANE CLOSURE REQUEST FORM

Please print clearly

Date: _____

File #: _____ (Office Use ONLY)

CONTACT & COMPANY INFORMATION

Company Name: _____ Fax: _____

Address: _____

Contact Name: _____ Phone: _____

LOCATION INFORMATION

Block Number(s): _____ Street: _____

Between _____ and _____

Direction Bound: [] North [] South [] East [] West
Specific Lanes: [] left turn lane [] right turn lane [] centre lane [] all lanes [] sidewalk [] curb / cycling lane
check more than one if required

DATE & TIME INFORMATION

NOTE: Arterial and collector roads are subject to time restrictions.

Dates: Starting _____ Ending _____

Hours: Starting _____ Ending _____

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday

ADDITIONAL INFORMATION

If construction, the company owner must complete the Notice of Prime Contractor Form

Reason for closure: [] construction works [] filming location [] special event

Describe construction work: _____

Traffic Control Diagram Fig # _____ from Traffic Control Manual for Work on Roadways, MOT

** Attach a sketch of the area showing work area, direction of traffic and traffic control measures. **

OFFICE USE ONLY

[] Your request is DENIED

[] Your request is APPROVED

[] Your request is approved with the following changes: _____

Interim Approval: _____
Project & Traffic Technician

Date: _____

Interim Approval: _____
Manager of Transportation

Date: _____

[] The above noted approval is granted subject to traffic queues being monitored continuously by the Applicant or Project Representative while the lane closure or traffic diversion is underway. Delays are not to exceed _____ minutes over the normal travel time. Should this threshold be met, work shall cease and this approval shall be adjusted and re-approved.

Approved by: _____
Director of Engineering & Operations or Designate

Date: _____



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NOTICE OF PRIME CONTRACTOR FORM

Please print clearly

Date: _____

COMPANY INFORMATION

Company Name: _____ Fax: _____

Owner's Name: _____ Phone: _____

LOCATION INFORMATION

Block Number(s): _____ Street: _____

Between _____ and _____

This declaration is a WorkSafe BC (formally WCB) requirement for work on road allowances, and City-owned properties, projects, and developments. As per the requirements of the Workers' Compensation Act Part 3, Division 3, Section 118 (1-3) which states:

Coordination of multiple-employer workplaces

118 (1) In this section:

"multiple-employer workplace" means a workplace where workers of 2 or more employers are working at the same time;
"prime contractor" means in relation to a multiple-employer workplace,

- (a) the directing contractor, employer or other person who enters into a written Agreement with the owner of that workplace to be the prime contractor for the purposes of this Part, or
(b) if there is no Agreement referred to in paragraph (a), the owner of the workplace.
(2) The prime contractor of a multiple-employer workplace must
(a) ensure that the activities of employers, workers and other persons at the workplace relating to occupational health and safety are coordinated, and
(b) do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with this Part and the regulation in respect to the workplace.
(3) Each employer of workers at a multiple-employer workplace must give to the prime contractor the name of the person the employer has designated to supervise the employer's workers at that workplace.

By signing this Agreement, the undersigned accepts all responsibilities of a Prime Contractor as outlined in the Workers' Compensation Act, and WorkSafe BC (OH&S Regulation).

As a contractor signing this Agreement with the City, you are agreeing that your Company, Management staff, Supervisory staff and workers will comply with the Work Safe B.C. Occupational Health and Safety Regulations OH&S Regulations and the Workers' Compensation (WC) Act.

Any penalties, sanctions or additional costs levied against the City, as a result of the actions of the Prime Contractor are the responsibility of the Prime Contractor.

I, the undersigned, acknowledge having read and understand the information above.

By signing this Agreement, I agree as a representative of the firm noted below, to accept all responsibilities of the Prime Contractor for this project.

I fully understand and accept the responsibilities of the Prime Contractor designation in accordance with the Workers' Compensation Act for all work on road and lane allowances, Rights-of-Way in favour of Port Coquitlam and City-owned property; as described above, and will abide by all WorkSafe BC Regulation requirements.

WorkSafe BC #: _____

Company: _____

Signed: _____

(Company Owner)

Date: _____