



# Toronto Pearson Construction Activity Request

## Instructions:

1. Fill in the Requestor and Activity Information sections, and the applicable following sections for your activity. For example, if you checked Airside in the Activity Information section, complete the Airside Activity section below.
2. If your activity requires a systems shutdown, submit this form at least five days before your activity. Otherwise, submit this form at least three days before your activity. Under Activity Information, hover over the activity areas (such as Airside, Terminal, Groundside, Shutdown Required) for more information.
3. Include attachment files in your email submission. Each attachment should be less than 1 MB in one of the following formats: jpg, pdf, or Word doc or docx.
4. To send this form electronically, press the Submit Form button above.

## Requestors fill in these sections

Requestor Information	
Requestor Name	Requestor Company Name/Contractor
GTAA Contract/Project Number	FAP Number/CCPO Application Number
GTAA Project Manager	GTAA Project Manager Phone Number
Requestor Mailing Address	Requestor Email Address
Requestor Phone Number	Alternate Requestor Phone Number

Activity Information			
<input type="checkbox"/> Airside <input type="checkbox"/> Terminal <input type="checkbox"/> Groundside <input type="checkbox"/> Shutdown Required			
Start Date	Start Time	End Date	End Time
Work Hours		Weekend/Holiday work included <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Activity		Location (Specify exact location)	
Description of Activity			
On-Site Contact Name		24-Hour Off-Site Contact Name	
On-Site Contact Phone		24-Hour Off-Site Contact Phone	
On-Site Contact Email Address		24-Hour Off-Site Contact Email Address	

<b>Airside Activity</b>		<input type="checkbox"/> Attachments Included
Requested Work Zones	Recall Time	
Type of Closure Choose a closure type...	Duration Choose a closure duration...	

<b>Terminal Activity</b>		<input type="checkbox"/> Attachments Included
Terminal <input type="checkbox"/> T1 <input type="checkbox"/> T3 <input type="checkbox"/> T3 Pier A <input type="checkbox"/> Infield Terminal	Operational Impact <input type="checkbox"/> Welding <input type="checkbox"/> Coring <input type="checkbox"/> Hoarding <input type="checkbox"/> Barriers	
If Operational Impact is expected, describe the impacts below and mitigation plans in place to reduce impact.		

<b>Groundside Activity</b>		<input type="checkbox"/> Attachments Included
Affected Areas <input type="checkbox"/> Curbs <input type="checkbox"/> Garage <input type="checkbox"/> Roads/Bridges <input type="checkbox"/> Groundside Buildings		
If Operational Impact is expected, describe the impacts below and mitigation plans in place to reduce impact.		

<b>Maintenance Systems Shutdown</b>				<input type="checkbox"/> Attachments Included
Type of Shutdown Required <input type="checkbox"/> Life Safety <input type="checkbox"/> Electrical <input type="checkbox"/> Elevator/Escalator/Moving Walkway <input type="checkbox"/> HVAC <input type="checkbox"/> Water <input type="checkbox"/> Utilities <input type="checkbox"/> Baggage System <input type="checkbox"/> Automated People Mover <input type="checkbox"/> UP Express <input type="checkbox"/> Passenger Boarding Bridge				
Start Date	Start Time	End Date	End Time	
Duration of Shutdown (hours per day)		Weekend/Holiday work included <input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of Shutdown				
Services Affected <input type="checkbox"/> IT System <input type="checkbox"/> Security <input type="checkbox"/> Other				
If Services are affected, describe the impacts below and mitigation plans in place to reduce impact.				

**Administrators fill in this section**

<b>Approval</b>	
AMMS Request Number	CCPO Number
TWP Number	Other Approvals
Approver Name	GTAA Contact Name
Approval Date	GTAA Contact Phone