## **Fire Systems Work Permit (Impairment)**

Taking fire protection systems out of service--even for a minute for maintenance, installation of new equipment or other valid reason, a fire hazard exists. Timely and accurate fire protection impairment reporting helps safeguard property from fire, and potential costly business interruption, during those times of impairment.

This form is to be completed by the contractor when the sprinkler system, sprinkler water supply or related fire protection equipment is impaired, or shut down.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company:** |  |  | *This form to be faxed or emailed to:* | |
| **Site Name:** |  |  |  | **Broker/Insurer** |
| **Address:** |  |  |  | **Fax:** |
| **Contact:** |  |  |  | **Email:** |
| **Telephone:** |  |
| **Fax/email:** |  |

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| Instructions:   1. **Planning:** All impairments are to be planned so that duration of impairment kept to a minimum e.g. all necessary parts should be sourced and assembled prior to installation. 2. **Impairment:** Prior to Impairment complete Part A and fax or email using the above details. 3. **Time Limits:** This notification should be completed 72 hours prior to planned impairment; and as soon as possible in the event of an emergency impairment. 4. **Restoration:** Once work is complete and system restored, complete Part B and resend.   *This form should be retained on site for possible review*. |

**Part A: Notification of Impairment**

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| Date of Notification: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed By: |
| |  |  |  | | --- | --- | --- | |  | Date | Time | | Impairment from |  |  | | Impairment to |  |  |   Equipment impaired   |  |  | | --- | --- | | Sprinklers | Yes/No | | Water tank | Yes/No | | Gas suppression system | Yes/No | | Fire pumps | Yes/No | | Underground main | Yes/No | | Hydrant system | Yes/No | | Alarm system | Yes/No | | Other (detail) | Yes/No | |

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| Affected area(s) – Specify location and occupancy involved: |

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| Reason(s) for and description of impairment: |

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| Date and time of the isolation: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_am/pm  Date and anticipated time of restoration: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_am/pm |

**Safety Precautions Taken:**

|  |  |
| --- | --- |
| Fire Brigade notified | Yes/No |
| Management / staff and contractors notified | Yes/No |
| Hot work banned | Yes/No |
| Patrol rounds/fire watch | Yes/No |
| System reinstated overnight | Yes/No |
| Extra fire extinguishers provided in impairment area | Yes/No |
| Area of impairment should be minimised (i.e. part of floor or whole floor not whole or bld.) | Yes/No |

**Part B: Notice of Restoration**

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| Date and time of restoration: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_am/pm  Comments: |