

Fire System Impairment Notification Form

Company:

Site Name:

Address:

Contact:

Telephone:

Email:

This form to be emailed to:

Broker/Insurer

Email:

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 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

Date of Notification: ____/____/____ Completed By: _____

Equipment impaired (circle):

- | | | |
|--|---|--|
| <input type="radio"/> Sprinklers | <input type="radio"/> Water Tank | <input type="radio"/> Gaseous Suppression System |
| <input type="radio"/> Fire Pumps | <input type="radio"/> Public Water Supply | <input type="radio"/> Detection System |
| <input type="radio"/> Underground Main | <input type="radio"/> Alarm System | <input type="radio"/> Other (detail):
_____ |

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

Reason(s) for and description of impairment:

Date and time of the isolation: ____/____/____ ____am/pm

Date and anticipated time of restoration: ____/____/____ ____am/pm

Safety Precautions Taken:

- | | |
|---|--|
| <input type="checkbox"/> Management, staff and contractors notified | <input type="checkbox"/> Hot work suspended |
| <input type="checkbox"/> Fire brigade notified | <input type="checkbox"/> 24 hour occupancy |
| <input type="checkbox"/> Patrol rounds/fire watch | <input type="checkbox"/> Smoking prohibited |
| <input type="checkbox"/> Emergency water supply | <input type="checkbox"/> Additional equipment: |
| <input type="checkbox"/> Hazardous operations prohibited | <input type="checkbox"/> Other(s): |
| <input type="checkbox"/> System reinstated each night | |

Part B: Notice of Restoration

Date and time of restoration: ____/____/____ ____am/pm

Comments:
