

Fire Protection Equipment Impairment Permit



CONTRACTORS: Complete this Permit and provide to the Store or Duty Manager when planning to impair, shut down or suspend the following fire protection equipment:

- Sprinkler system, Sprinkler water supply, smoke detectors
- Emergency Warning Intercom System (EWIS)
- Emergency Lighting or
- Related fire protection equipment

PART 1: Pre Impairment Information – before fire protection is isolated

Contact Details:	
Contractor Name:	
Company Name & Contact details:	
Building and/or Equipment Affected:	
Store Location / Store No:	
Type of Equipment to be impaired:	
Area(s) affected (specify):	
Reason for impairment:	
Estimated duration of impairment: NO LONGER THAN ONE DAY – A NEW NOTICE IS REQUIRED AFTER 24HOURS OF IMPAIRMENT	Date of Impairment: ____/____/____ From: am/pm To: am/pm
Preparation and Protection Action Taken:	<input type="checkbox"/> Fire Brigade notified of isolation <input type="checkbox"/> Hydrant/Hose reel checked and operational <input type="checkbox"/> Fire fighting equipment available <input type="checkbox"/> Centre Management informed (if applicable) <input type="checkbox"/> Fire protection to be restored each night <input type="checkbox"/> Hot Work process postponed during impairment Are there any special precautions that need to be undertaken? <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Store / Duty / Site Manager notified of impairment	Name: Position: Signature: Date: Time:

PART 2: Post Impairment – fire protection fully restored

Notification Details:	
Confirmation of Services Restored:	I confirm the fire protection equipment has been restored and is operational at: am/pm on: ____/____/____ Contractor Name: Signature:
Store / Duty / Site Manager notified of equipment fully restored	Name: Position: Signature: Date: Time:

File completed form in Emergency Grab Folder