



Form: Fire Protection Equipment Impairment Permit

CONTRACTORS: Complete this Permit and provide to the Campus Manager, Facilities & Services or Regional Campus Manager when planning to impair, shut down or suspend the following fire protection equipment:

- Fire water supply
- Emergency Warning Intercom System (EWIS)
- Emergency lighting or smoke detectors
- Related fire protection equipment

Pre-Impairment Information – before isolation

Contractors Name _____

Company Name & Contact details _____

Date of impairment _____ / _____ / _____ From: _____ am/pm To: _____ am/pm

NO LONGER THAN ONE DAY – A NEW NOTICE IS REQUIRED AFTER 24HOURS OF IMPAIRMENT

Campus / Block No. _____

Type of Equipment to be impaired _____

Area(s) affected – please specify _____

Reason for impairment _____

Preparation & protection action taken

Fire Brigade notified of isolation Firefighting equipment available Hydrant / hose reel checked and operational

Hot work process postponed during work Campus Management informed (if applicable) Fire protection to be restored each night

Other – please specify: _____

NOTE: NO WORK CAN COMMENCE UNTIL PERMIT IS AUTHORISED BY SOUTH REGIONAL TAFE

Completion of Work – Fire protection fully restored

I confirm the fire protection equipment has been restored and is operational.

Name of Contractor _____ **Date:** _____ / _____ / _____ **Time:** _____ am/pm

Signature _____

OFFICE USE ONLY

Fire Protection Equipment Impairment Authorisation

Permit No:	Permit valid from:	am/pm	on	/	/	to	am/pm	on	/	/	
Name of SRTAFE Contact									Date	/	/
Signature											

Completion of Work

The work has been completed as required and the area has been made safe.

Name of SRTAFE Contact									Date	/	/
Signature											

Related documents

Policy: Work Health and Safety