## FIRE PROTECTION EQUIPMENT IMPAIRMENT NOTICE

|  |
| --- |
| FORM USE |
| Where practicable this form needs to be submitted within 72 hours.This form is to be completed by the contractor/ANU staff member where fire protection systems and/or equipment is impaired, or shut down so as to affect the Australian National University.Part 1 of this form is completed by the requesting contractor/ANU staff member and emailed to [fire.safety@anu.edu.au](file:///%5C%5Canufiles.anu.edu.au%5Canu%5CService%20Divisions%5CFS%5CDSO%5C10%20Quality%20Management%20System%5C12%20Drafts%5C7%20Forms%5C70%20Corporate%5C71%20-%20Governance%20%26%20Compliance%5CFire%20Safety%5Cfire.safety%40anu.edu.au).When protection has been restored the contractor/ANU staff member is to complete Part 2 and email it to [fire.safety@anu.edu.au](file:///%5C%5Canufiles.anu.edu.au%5Canu%5CService%20Divisions%5CFS%5CDSO%5C10%20Quality%20Management%20System%5C12%20Drafts%5C7%20Forms%5C70%20Corporate%5C71%20-%20Governance%20%26%20Compliance%5CFire%20Safety%5Cfire.safety%40anu.edu.au). |
| PART 1 – PRE IMPAIRMENT (before fire protection is isolated) |
| Estimated Duration of Impairment |
| **Start Date:** |  | End Date: |  |
| **Start Time:** |  | **End Time:** |  |
| Building Information |
| **Building No(s):** |  | **Building(s) name:** |  |
| **Building Level(s):** |  |  |  |
| **Room No(s):** |  |  |  |
| **Affected area(s):** |  |  |  |
| **Reason of impairment:***Full description type of work being undertaken* |  |
| Type of impairment |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **🞎** | **Dry Fire Detection****(smoke/thermal detectors)** | **🞎** | **Wet Fire Protection****(sprinklers)** | **🞎** | **Fire Pump Sets** | **🞎** | **OTHER****Specify: \_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| name of impairment requestor (staff/contractor) |
| **Name:** |  | **Telephone:** |  |
| **Email address:** |  |
| anu representative/supervisor Contact |
| **Name:** |  | Position: |  |
| **Telephone:** |  | Email address: |  |
| building custodian ContactOnsite Contractor ContactOnsite Contractor ContactOnsite Contractor Contact |
| **Name:** |  | Position: |  |
| **Telephone:** |  | Email address: |  |
| Preparations (Signed by impairment requestor) – *to be signed before sent to Fire Safety* |

|  |
| --- |
| **If the impairment is greater than one day:** I confirm / do not confirm that the fire protection equipment will be re-instated at the end of each day during the impairment period. |
| **Building Warden Team notified and on standby** | **🞎** | **Yes** | **🞎** | **No** |
| **Hot Work Permit issued, extinguishers available and regular staff checks of area** | **🞎** | **Yes** | **🞎** | **No** |
| **Hydrant/hose reel system checked and operational** | **🞎** | **Yes** | **🞎** | **No** |
| **Have hazardous processes been stopped during impairment** | **🞎** | **Yes** | **🞎** | **No** |
| **Fire Protection to be restored each night** | **🞎** | **Yes** | **🞎** | **No** |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| Preparations (Signed by fire safety) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Local Fire Brigade notified of impairment** | **🞎** | **Yes** | **🞎** | **No** |
| **ANU Insurance Office notified** | **🞎** | **Yes** | **🞎** | **No** |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***It is the responsibility of the Fire Safety Team to follow-up the post impairment paperwork*** |

|  |
| --- |
| PART 2 – post IMPAIRMENT (fire protection fully restored) |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sprinkler Valves re-opened fully** | **🞎** | **Yes** | **🞎** | **No** |
| **Sprinkler Valve locked open / power reconnected** | **🞎** | **Yes** | **🞎** | **No** |
| **Sprinkler Protection fully restored and system tested** | **🞎** | **Yes** | **🞎** | **No** |
| **Smoke Detection System Fully restored** | **🞎** | **Yes** | **🞎** | **No** |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date work completed:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Time complete:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 |

|  |
| --- |
| post impairment (Signed by fire safety) |
| **Local Fire Brigade notified** | **🞎** | **Yes** | **🞎** | **No** |
| **Signature:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |