## FIRE PROTECTION EQUIPMENT IMPAIRMENT NOTICE

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| 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:///\\anufiles.anu.edu.au\anu\Service%20Divisions\FS\DSO\10%20Quality%20Management%20System\12%20Drafts\7%20Forms\70%20Corporate\71%20-%20Governance%20&%20Compliance\Fire%20Safety\fire.safety@anu.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:///\\anufiles.anu.edu.au\anu\Service%20Divisions\FS\DSO\10%20Quality%20Management%20System\12%20Drafts\7%20Forms\70%20Corporate\71%20-%20Governance%20&%20Compliance\Fire%20Safety\fire.safety@anu.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 | | | |

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

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| 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* | | | | |

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| **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:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

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| Preparations (Signed by fire safety) |

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| **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*** | | | | | | | |

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| 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:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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