

Approval will be granted to isolate the Building Fire Protection System upon confirmation of the following:

SECTION 1 - TO BE COMPLETED BY THE PERMIT ISSUER (PERSON AUTHORISING THE PERMIT)

Work Permit/MEX Order No.			
Permit (valid for 7 days only) From:	/...../.....	To:/...../.....
Permit issued to:	Organisation/Company:		
	Contact name:		
	Telephone Number:		
Location of works (Campus/Building):			
Reason for isolation and description of works (must have a Risk Assessment to be submitted):		<input type="checkbox"/> Smoke <input type="checkbox"/> Dust <input type="checkbox"/> Steam <input type="checkbox"/> Aerosol <input type="checkbox"/> Heat or Flame - Hot Works	
Equipment/zones to be isolated:			
Contingency measures to be put in place: A - during working hours B - outside working hours		A - B -	
Does the isolation affect the audibility of the fire alarm system? If so, how will the alarm be raised & the building evacuated?			

Checklist & Authorisation	Initial
Security notified (permit not valid until notification made)	
The building occupants have been notified of the intended work (please note if not applicable)	
Risk Assessment has been carried out and is attached	
Safe Work Method Statement has been produced and is attached	
Additional emergency evacuation procedures are in place if required	
I have provided a floor plan indicating the exact area required to be fire isolated	
I acknowledge as the Authorising Person, it is my responsibility to notify the relevant EO Officer immediately work is completed to facilitate the re-activation of the fire protection systems	

SECTION 2 - TO BE COMPLETED BY THE PERMIT REQUESTOR (PERSON CARRYING OUT THE WORK)

Checklist & Confirmation	Initial
<i>This permit must be completed, signed and delivered to the relevant JCU Officer not less than 24 hours before the required Fire Isolation (the only exception is in the case of unforeseen emergencies). I will comply with the Risk Assessment and Method Statement.</i>	
I acknowledge as the Permit Requestor it is my responsibility to protect smoke detectors from dust and any other contaminate that may compromise their function. I understand that repairs or cleaning required as a result of our actions will be at our expense.	
I have read and understood the requirements and procedures described in this permit.	
NAME:	SIGNATURE:
DATE:	
JCU AUTHORISING PERSON:	TITLE:
	DATE:

SECTION 3 - TO BE COMPLETED BY THE PERMIT REQUESTOR & PERMIT ISSUER (JCU EO)

Person Carrying out the work: The permitted work has been completed and the Fire Alarm System may be returned to full operational condition.

NAME:	SIGNATURE:	DATE:
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Authorising Person: I have inspected the work area and all works have been completed and the Fire Alarm System is in full operational mode.

AUTHORISING PERSON:	SIGNATURE:	DATE:
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