

# ISOLATE FIRE PROTECTION SYSTEM PERMIT

## SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT

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

Work Permit/MEX No:		
Date of required isolation:	From:	To:
Times Required:	From:	To:
Location of works:	Campus/Building:	
Reason for isolation and description of works <sup>1</sup> :	<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?		
This Permit is issued to <sup>2</sup> :	Organisation/Company: Contact name: Contact Telephone Number:	

- Note:**
1. The isolation of a Fire Panel requires a Risk Assessment to be submitted when the work being carried out is likely to generate a spark or a flame.
  2. This Permit is valid up to 7 days only.

- |  |                          |     |                          |                                 |
|--|--------------------------|-----|--------------------------|---------------------------------|
| a) Security notified (permit not valid until notification made)  | <input type="checkbox"/> | Yes |                          |                                 |
| b) The building occupants have been notified of the intended work  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No <input type="checkbox"/> N/A |
| c) Risk assessment has been carried out and is attached  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No                              |
| d) Safe Work Method Statement has been produced and is attached  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No                              |
| e) Additional emergency evacuation procedures are in place if required   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No                              |
| f) I have provided a floor plan indicating the exact area required to be Fire Isolated   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No                              |
| g) 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. | <input type="checkbox"/> | Yes |                          |                                 |

*I believe the isolation is necessary and that the operation can be completed safely in accordance with the details above.*

**AUTHORISING PERSON:** ..... **TITLE:** ..... **DATE:**...../...../.....

## SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK

*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.*

- a) I acknowledge as the Permit Holder 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  Yes
- b) I have read and understood the requirements and procedures described in this permit.  Yes

**NAME:** ..... **SIGNATURE:** ..... **DATE:**...../...../.....

## SECTION 3 - TO BE SIGNED BY PERSON CARRYING OUT THE WORK ON COMPLETION AND EO

*The permitted work has been completed and the Fire Alarm System may be returned to full operational condition.*

**NAME:** ..... **SIGNATURE:** ..... **DATE:**...../...../.....

**Additional Comments:** .....

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**AUTHORISING PERSON:** ..... **TITLE:** ..... **DATE:**...../...../.....