



Fire Protection Equipment Impairment

CONTRACTORS: Complete this Permit and provide to the Site Manager when planning to impair, shut down or suspend the following fire protection equipment:

- Sprinkler system, Sprinkler water supply, smoke detectors
- Emergency Warning Intercom System (EWIS)
- Emergency Lighting or
- Related fire protection equipment

PART 1: Pre Impairment Information – before fire protection is isolated

Contact Details:		
Contractor Name:		
Company Name & Contact details:		
Building and/or Equipment Affected:		
Site Name/No:		
Type of Equipment to be impaired:		
Area(s) affected (specify):		
Reason for impairment:		
Estimated duration of impairment: A new notice is to be completed for each day of impairment	Date of Impairment: ____/____/____ From: ____ am/pm To: ____ am/pm	
Should this impairment exceed the 8 hours in length or is of significant nature, please contact Group Insurance Services (GroupInsuranceServices@coles.com.au) in order to complete additional insurance declaration (mandatory)		
Preparation and Protection Action Taken:	<input type="checkbox"/> Fire Brigade notified of isolation	<input type="checkbox"/> Hydrant/Hose reel checked and operational
	<input type="checkbox"/> Fire Fighting equipment available	<input type="checkbox"/> Centre Management informed (if applicable)
	<input type="checkbox"/> Fire protection to be restored each night	<input type="checkbox"/> Hot Work process postponed during impairment
Are there any special precautions that need to be undertaken?		
Site Manager notified of impairment	Name: _____ Position: _____	
	Signature: _____ Date: _____ Time: _____	

PART 2: Post Impairment – fire protection fully restored

Notification Details:	
Confirmation of Services Restored:	I confirm the fire protection equipment has been restored and is operational at: _____ am/pm on: ____/____/____
	Contractor Name: _____ Signature: _____
Site Manager notified of equipment fully restored	Name: _____ Position: _____
	Signature: _____ Date: _____ Time: _____

File completed form in Emergency Grab Folder