

Fire System Impairment

Please complete and submit this form 14 days prior to the requirement for the isolation. For event isolations not submitted within 48 hours of event will need sign off from Director of Building Services.
For assistance, please contact:

Health and Safety, Te Pae Christchurch Convention Centre
Phone: 027 380 6162 **Email: healthandsafety@tepae.co.nz**

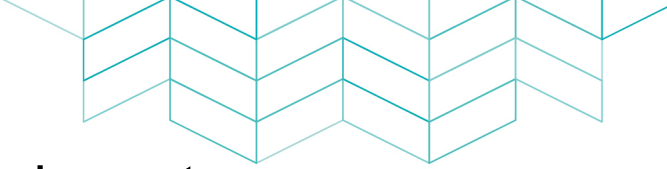
- To be completed by the person (the Requestor) who is requiring an isolation to the Fire Protection System.
- The Requestor is responsible for the risk assessment and its mitigation measures in maintaining fire safety within the area to be isolated.
- Te Pae Christchurch (the Issuer) is responsible for reviewing and obtaining any required detail from the Requestor when assessing the Details section.
- All impairment of fire protection/detection systems with a duration exceeding 12 hours (or overnight) should be strictly controlled and requires additional authorisation by Te Pae Christchurch, Director of Building Services.
- Once approved the Issuer will complete the Scheduling section of the form and, allocate an authorised Impairment ID number (SharePoint). The Requestor must strictly observe all authorised precautions, duration, and the area of the isolation covered by this Fire Protection Impairment Form as attached to the Outlook appointment.
- The Health and Safety delegate authorising the impairment, will send a digital signed application copy to the Fire Insurer Notification, then schedule the impairment in Outlook (impairment attached).

Any isolation of the fire protection system must comply with the Te Pae Christchurch Fire Protection System Impairment Events Process or the Fire Protection System Impairment Maintenance Process.

Contact Details

Complete all sections, write N/A if not applicable.

Reason for Impairment:			
Event Coordinator Name:		Name of Event	
Te Pae or Contractor Company:		Event ID number	
Name of person requesting isolation:			
Phone Number:		Date Impairment is required	



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Email Address:		Room/Area where impairment is required	
Event Start Date:		Time Impairment is required	
Event End Date:		Time Impairment Is no longer required	
Date of Application:		Signed	

Reason for fire system impairment (requestor to complete)

- Event
- Maintenance
- Minor Works
- Emergency
- Other

System to be isolated/shutdown (Health and Safety to complete)

- Sprinkler
- EWIS
- VIEW
- VESDA

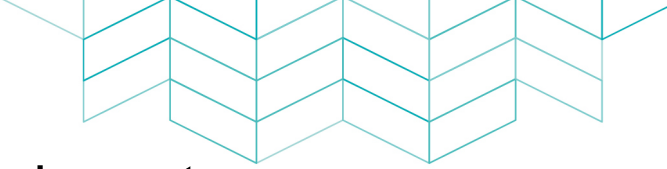
Precautions to be taken (Health and Safety to complete)

- CCTV monitoring from Control
- Fire Watch from Security Guard
- Other:

Office Use Only

Authorisation

All Impairments		Insurance Company Notification	
Authorisation Issued by:		Copy emailed to Fire insurer list with 48 hours' notice.	<input type="checkbox"/> Yes
Impairment ID #:		If notification is Under 48 hours define reason:	
Signed			



Fire System Impairment

Date			

Once Authorised, Impairment to be Scheduled.

All the following information regarding the impairment will be logged on the Security event Spreadsheet:

System deactivation Time:		System Reactivation Time:	
System Deactivation Date:		System Reactivation Date	
Fire System Zone to be isolated		Is the Hot Work Permit Signed off?	<input type="checkbox"/> Yes
Is a Hot Work Permit been completed?	<input type="checkbox"/> Yes	All persons responsible notified of impairment through outlook calendar?	<input type="checkbox"/> Yes

***Note, Hot Work Permit is approved before this application being authorised.**