

# Fire Protection Impairment Application Form

Please complete and submit this form no later than 14 days prior to the requirement for the isolation. For assistance, please contact:

**Building Services, Te Pae Christchurch Convention Centre**

**Phone:** +64 3 266 1440

**Email:** [healthandsafety@tepae.co.nz](mailto: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, allocate an authorised Impairment ID number and return the form to the Requestor. The Requestor must strictly observe all authorised precautions, duration and the area of the isolation covered by this Fire Protection Impairment Form.
- The person authorising the impairment will send a copy of this application to the building services department so that the isolation can be scheduled.

**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:		Stand Number	
Contractor Company		Name of Event	
Name of Contractor		Stand Name	
Phone Number:		Date Impairment is required	
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	

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**Warden:**

**Te Pae Security Control Room Ph:**

Reason for fire protection impairment (Requestor to fill out)

- ☐ Event
- ☐ Maintenance
- ☐ Minor Works
- ☐ Emergency
- ☐ Other

System to be isolated/shutdown (If not known maintenance will complete)

- ☐ Sprinkler
- ☐ EWIS
- ☐ VIEW
- ☐ VESDA

Precautions to be taken (if not known maintenance to complete)


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## Office Use Only

### Authorisation

All Impairments		Insurance Company Notification	
Authorisation Issued by:		Insurance certificate number	
Impairment ID		Insurance certificate expiry	
Copy emailed to Building Services		Insurance Notified	
Signed		Signed	
Date		Date	

### Once Authorised, Impairment to be Scheduled

System deactivation Time		System Reactivation Time	
System Deactivation Date		System Reactivation Date	
Fire System Zone to be isolated		Impairment Log Created	
Is a Hot Work Permit Required		Is a Hot Work Permit Completed	
Person Responsible for carrying out Impairment		Person responsible notified of impairment requirement	

**\*Note, if a Hot Work Permit is required then the permit should be checked prior to this application being authorised.**