

Fire Impairment Form

General Information			
Issued on Date:	Time:		
Company performing work:			
Site Contact:	Mobile phone number:		
Site address:			
Types of Protection Impaired (e.g. Fire Pump, Sprinklers):			
Areas Affected:			
Reason for Impairment?			
Will there be back up from other pump, water supply etc.?	YES	NO	N/A
The Fire System will be impaired			
From Time	On Date		
Until Time	On Date		
The following control precautions have been taken	YES	NO	N/A
Local Fire Brigade notified Note: this is a compulsory requirement			
Plant Fire Crew and Watch Guards notified and on standby?			
Fire watch posted and/or extra staffing			
Temporary water supply/protection provided? Hose etc.			
Service manager and/or Village Manager advised			
Hazardous processes shut down during impairment?			



Cutting/Welding and smoking prohibited?			
Fire hose laid out and accessible, extinguishers provided			
Person stationed at control valves/pump house			
Protection to be restored each night			
Is Impairment Tag Permit procedure operational			
Impairment Tag (Red Tag) Impairment tags (red tags) should be conspicuously displayed on all relevant equipment whenever a protection system is rendered inoperative. The person responsible for the closure should sign the impairment tag, with time and date. Upon completion of work and full restoration of protection (e.g. re- opening of a sprinkler valve), tags are to be removed and returned to property.			
PRIOR TO WORK COMMENCING COMPLETED FORM (this page) TO BE EMAILED TO hotworks@xeniamutual.com			
Name of designated authorised person		Signature:	Time: Date:

Post Impairment			
The following actions have been taken	YES	NO	N/A
Valves reopened and locked open/power reconnected			
System/s tested			
Protection fully restored and functional			
Fire Brigade notified			
Service Manager and/or Village Manager notified			
Impairment Tag (Red Tag) Upon completion of work and full restoration of protection (e.g. re-opening of a sprinkler valve), tags are to be removed and returned to property.			



Impairment Complete

WHEN WORK IS COMPLETED AND FIRE SYSTEM FULLY RESTORED / IN WORKING ORDER COMPLETE FORM (this page) AND EMAIL TO

hotworks@xeniamutual.com

Company contact		Signature:	Time: Date:
Name of designated authorised person		Signature:	Time: Date: