

Fire System Impairment:

The following procedure applies for any planned or unplanned impairments to fire systems, specifically:

- Unplanned impairment - a fire protection system is out of service due to an unexpected occurrence, such as a pipe failure or interruption in the fire protection water supply.
- Planned impairment - a fire protection system is out of service due to work having been planned in advance.

Responsibilities:

Impairment supervisor:

- Must be an authorised company representative.
- Has overall responsibility of the fire impairment process, approval and supervision.
- Ensures that impairments are scheduled one at a time / not simultaneous (where possible).
- Notifies staff and relevant stakeholders of the planned / unplanned impairment.
- Issues the fire impairment permit.

Fire watch:

- Ensures safe working conditions are maintained during the impairment process.
- Establishes temporary fire provisions including portable fire equipment (extinguishers).
- Is competent in using fire equipment and responding to an emergency.
- Is familiar with the workplace and emergency procedures.
- Reports and addresses unsafe conditions in consultation with the impairment supervisor.

Procedure:

- A fire impairment permit form must be completed for all impairments to fire systems.
- **INTENTIONALLY FADED**
- If impairments are expected to exceed 10 hours, the following stakeholders must be notified:
 - Insurance broker and insurer
 - Local fire station
 - Fire alarm service provider
- Prior to commencing the impairment, the impairment supervisor will verify the following:
 - Hazardous processes and activities such as hot works / use of chemicals have ceased
 - Temporary fire provisions are in place
 - Work areas and equipment is available for the impairment works
 - The fire watch has confirmed the conditions are safe to commence the impairment
 - The permit has been completed and conditions complied with
- During the impairment, the impairment supervisor will ensure the following:
 - The fire watch continuously monitors the area
 - Completed impairment permits or impairment tags are attached to the impaired equipment
 - Handover procedures are in place where there is a change of shift / personnel
- At the conclusion of the impairment, the impairment supervisor will:
 - Verify that the impairment has concluded and fire protection systems are in working order
 - Conduct relevant testing to ensure that the water supply has been re-established
 - Notify relevant stakeholders that the impairment has concluded
 - Retain completed copies of the fire impairment permit

PERMIT DETAILS:

Date:		Permit no:	
Company details:			
Location and area:			
Reason for impairment:	Planned maintenance / repair <input type="checkbox"/> Unplanned maintenance / repair <input type="checkbox"/>		
Systems impaired:	Sprinklers <input type="checkbox"/> Hydrants <input type="checkbox"/> Water supply <input type="checkbox"/> Fire pumps <input type="checkbox"/> Alarms <input type="checkbox"/> Detectors <input type="checkbox"/>		
Start date:	INTENTIONALLY FADED	End date:	
Impairment supervisor:			
Fire watch:			
Permit issued to:			
Contact details :			
Permit approved by:			
Contact details :			

IMPAIRMENT RISK CONTROLS CHECKLIST:

Impairment procedures and risk assessments discussed / completed	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Impairment supervisor and fire watch established	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Fire brigade, insurance broker / insurer and relevant service providers notified	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Hazardous processes and activities such as hot works / chemicals use are suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Temporary fire equipment such as extinguishers, blankets and manual alarms in place	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Fire watch monitoring and patrols established	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Conditions have been confirmed as safe to conduct impairment	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Competent and insured maintenance / contractors used to complete the impairment	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Other precautions:	

IMPAIRMENT COMPLETION:

Completion date:		Time:	
Fire systems restored and verified:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permit closed by:		Date:	