

Darwin International Airport

FIRE PROTECTION IMPAIRMENT NOTIFICATION

FORM-P003

This form is to be used to notify DIA of works being conducted on the fire protection system, to log & monitor precautions put in place and to ensure all isolations have been reinstated. This information should be reported to DIA at least 48 hours in advance or as soon as practical prior to work starting and be signed off when protection is restored. This form and other associated paperwork must be duly signed and returned to Electrical Maintenance Coordinator for filing and review.

PART 1 – APPLICATION DETAILS

Insured company name:			
Location or site name:			
Address:			
Impairment From:	Date:	Time:	
Impairment to:	Date:	Time:	
Equipment Impaired:	Smoke Dectectors <input type="checkbox"/>	Thermal Dectectors <input type="checkbox"/>	Alarm Panel <input type="checkbox"/>
	Alarm Connection <input type="checkbox"/>	Water Supply <input type="checkbox"/>	Fire Pumps <input type="checkbox"/>
	Sprinklers <input type="checkbox"/>	Hydrants <input type="checkbox"/>	Other?
Impairments should be limited where possible to specific areas or alarm zones			

PART 2 – LOCATION / DESCRIPTION

Area Impaired:		
Reason for Impairment:		
Precautions taken:	Fire Brigade notified	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hazardous and/or hot work banned (or hot work not used)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	System reinstated over night	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Other fire equipment checked and confirmed in service	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Extra equipment provided (e.g. extinguishers)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Extra security patrols	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Precautions:		
ABC Notified:		
DIA Notified:	Name:	Date:
	Phone:	Time:

PART 3 – SYSTEM RESTORED

All equipment has been reinstated and systems have been checked

Restored by	Name:	Company:
System Restored:	Date:	Time
DIA Notified By:	Name	Phone:
	Position:	

PART 4 – DRAWINGS / BLOCK PLANS

Were drawings amended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, when will these be issued?		
By Who:		

Internal section to be completed by DIA

Insurers	
Do Insurers need to be notified?	Y / N
Insurer Details	

PART 5 –HAND DELIVER, EMAIL OR FAX ON COMPLETION OF WORK

Darwin International Airport	Email:
Management Centre	Fax: (08) 8920 1800
1 Fenton Court, Eaton, NT 0820	Phone: (08) 8920 1811

PART 6 – DIA SIGN OFF

DIA Authorised Person: _____	Signature: _____
Position: _____	Date: _____