

## FIRE SYSTEM IMPAIRMENT / RESTORATION NOTIFICATION

### IMPORTANT INFORMATION

**NOTE: This notice must be forwarded to SAicorp whenever the fire protection system is impaired (partial or total, planned or unexpected) for a period of 4 days or more (including impairments of uncertain duration with potential to exceed 4 days).**

### CLIENT CONTACT & LOCATION DETAILS

ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED

Company Name: \_\_\_\_\_ Division: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

### SYSTEM IMPAIRMENT DETAILS

Impairment Start Date: \_\_\_\_\_ Intended Restoration Date: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Reason for impairment: \_\_\_\_\_  
 Company / Contractor performing work: \_\_\_\_\_

### TYPE OF IMPAIRMENT (check as appropriate)

Sprinkler System	<input type="checkbox"/>	Heat detection system	<input type="checkbox"/>
Hydrants	<input type="checkbox"/>	Smoke detection system	<input type="checkbox"/>
Fixed gas Flooding system	<input type="checkbox"/>	Protection system ID number	_____
Fixed water spray system	<input type="checkbox"/>	System Protecting	_____

### FIRE WATCH NOTE

Where fire watch is required, work area and all adjacent areas where sparks might spread must be inspected by authorizing body for at 60 minutes after completion of work.

### PRECAUTIONS TAKEN

Has fire brigade been notified	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Fire Hose laid out	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hazardous processes suspended	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Has on-site management been notified	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
"Smoking Restricted" Area manned / patrolled	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Cutting, welding or other Hotwork not permitted (unless Hotwork Permit has been approved and is attached)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Fire Watch provided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					

Are there any special precautions that need to be taken? \_\_\_\_\_  
 \_\_\_\_\_

### AUTHORISATION

Authorised Delegate Yes  No   
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### NOTIFICATION OF RESTORATION

Restoration Full  Partial  Date and Time of Restoration: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### SEND NOTIFICATION TO

Attention: SAicorp

Email: [office.saicorp@sa.gov.au](mailto:office.saicorp@sa.gov.au)