

FIRE SYSTEM IMPAIRMENT / RESTORATION NOTIFICATION

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).

Section 1: Client Contact and Location Details

Company Name		Division
Address		Contact Name
Phone Number	Fax Number	Mobile

Section 2: System Impairment Details

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

Section 3: Type of Impairment (Check as appropriate)

Sprinkler System	<input type="checkbox"/>
Hydrants	<input type="checkbox"/>
Fixed gas Flooding system	<input type="checkbox"/>
Fixed water spray system	<input type="checkbox"/>
Heat detection system	<input type="checkbox"/>
Smoke detection system	<input type="checkbox"/>
Protection System ID Number:	_____
System Protecting:	_____
Fire Watch Note: Where fire watch is required, work area and all adjacent areas where sparks might spread must be inspected by the authorising body for at least 60 minutes after completion of work.	

Section 4: Precautions Taken (Check as appropriate)

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

Section 5: Authorisation

Authorised Delegate – Yes <input type="checkbox"/>	No <input type="checkbox"/>
Print Name: _____	Signature: _____

Section 6: Notification of Restoration:

Restoration:	Date and time of restoration:
Full <input type="checkbox"/> Partial <input type="checkbox"/>	_____
Print Name: _____	Signature: _____

Section 7: Send notification to:

SAFA (SAICORP) Attn: Underwriting Manager
Fax No. 8226 2280