

OFFICIAL

FIRE SYSTEM IMPAIRMENT / RESTORATION NOTIFICATION

IMPORTANT INFORMATION

NOTE: This notice must be forwarded to SAFA Insurance Services 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: **SAFA Insurance Services**

Email: office.saicorp@sa.gov.au

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