|  |  |
| --- | --- |
| **Property Name**  |  |
| **Address**  |  |
| **Site Contact**  | **Name:**  | **Ph:**  | **e:** |
| **System/service to be isolated/impaired** |  |
| **Description of works to be conducted**  |  |
| **Areas affected by the isolation** |  |
| **Date of isolation**  | **……./……../202** | **Time of isolation …………** | **Duration …………..** |
| **Name of contractor performing the isolation**  | **Name & Company:**  | **Ph:**  |

**Note:** This Permit is to be completed and approved by an authorised Mirvac Permit Issuer for all isolations of essential fire services systems or equipment.

In addition, FM Global is to be notified of the below **fire protection systems impairments regardless of the intended duration** (This excludes instances where the standard routine preventative maintenance and testing activities are being performed)

|  |
| --- |
|  |

FM Global Notifiable impairments include;

* shutting of any valves in the system(s), isolating pumps (regardless of other pumps in the system being operational), or
* Impairment/isolation of 5 or more sprinklers in non-storage occupancies and any sprinklers in storage occupancies, or
* the isolation of detection system or devices that form part of the activation of a protection system, i.e. server room VESDA linked to pre-action sprinklers

Following completion of this Permit, FM Global is to be advised of a fire impairment by;

1. Completing the on line form at; [https://redetag.fmglobal.com](https://clicktime.symantec.com/3KfuDpDZvjxGaeiY3d8eXSP7Vc?u=https%3A%2F%2Furldefense.proofpoint.com%2Fv2%2Furl%3Fu%3Dhttps-3A__clicktime.symantec.com_3TzPVQutViLwDSDyeS7n2SU7Vc-3Fu-3Dhttps-253A-252F-252Fredetag.fmglobal.com%26d%3DDwMFAg%26c%3DezHeX61fxv1UK0GsNdSebQ%26r%3DkTvlY3K1P7Fc0pKXxKAn43LcErGZHo0RVNUKqvy9Mj0%26m%3DCMDJ2w7hjAPL-lP-rDvx_JMKw774loH8-TPT_hiWeyQ%26s%3DXJqkjEBXmmt6aHKdYx5_fxsQHZL4zthy3Lcgw7odIFs%26e%3D) , or
2. Emailing a copy of this Permit to redtagau@fmglobal.com , or
3. Calling the impairments desk on 03 9609 1363

If the isolation is; more than 25% of the fire system or, longer than 8 hours or, isolation of any primary fire water supply, the local fire brigade is to be provided with a copy of this Permit.

**The Mirvac Minimum Requirement (MMR) CFA 5 Electrical Safety/Isolation Lock Out, Tag out Procedure is to be applied to all isolations**

*Below table is to be completed if there are several different isolations being performed to the same system to undertake the Works.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of system/area/Item to be Isolated | Time of Isolation | Date | Time of De-solation | Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
|  |
| **Precautions taken** |
| ☐ | Fire detection systems are installed in the affected areas and will still be fully operational |
| ☐ | Automatic sprinklers are installed in the affected areas and will still be fully operational |
| ☐ | Emergency Response Team notified |
| ☐ | Fire Brigade notified |
| ☐ | Hot Work prohibited in affected areas *(N/A if automatic sprinklers in the area are still operational)* |
| ☐ | Smoking restricted in affected areas |
| ☐ | Ongoing Patrol of affected areas arranged (i.e. additional security) |
| ☐ | Fire hoses laid out and extra portable fire extinguishers provided within the affected areas |
| ☐ | Alternative water supply connected (e.g. sprinkler riser connected to hydrant system etc.) |
| ☐ | Spare sprinkler heads available |
| ☐ | Other:          |

Isolation approved by (Mirvac Permit Issuer):

Name: Signature:

Date: / / Time:

### **System de-isolated and returned to normal building configuration**

*(Permit issuer to inspection area to confirm de-isolation has been completed)*

|  |
| --- |
| Restoration |
| ☐ | All affected water control valves confirmed to be fully re-opened using 50 mm drain test |
| ☐ | All affected water control valves secured in the open state using locks and chains |
| ☐ | All associated alarm isolations on fire panel cleared |

Person performing de-isolation:

Name: Signature:

Date: / / Time:

Mirvac Permit Issuer inspection of system de-isolation and verification of return to normal operations completed by:

Name: Signature:

Date: / / Time:

**References**

[CFA 5 Services Safety | Working with Services Mirvac Minimum Requirements](https://mirvacau.sharepoint.com/%3Aw%3A/r/sites/HealthSafetyandEnvironment/_layouts/15/Doc.aspx?sourcedoc=%7B9C8C98B5-9EC1-4C7B-886F-FA97DACD6CC1%7D&file=Working%20with%20Services%20MMR.DOCX&action=default&mobileredirect=true)

[CFA 5 Electrical Safety | Isolation Lock Out, Tag out MMR](https://mirvacau.sharepoint.com/%3Aw%3A/r/sites/HealthSafetyandEnvironment/_layouts/15/Doc.aspx?sourcedoc=%7B77443021-817D-4F52-8D8B-B4CB8496CA76%7D&file=Isolation%20Lockout%20Tagout%20MMR.DOCX&action=default&mobileredirect=true)