

Appendix 2 – Permit to Work - Fire Detection Systems

Fire Alarm System – Isolation Permit

1. Details of Proposed Works

No.

| | | | |
|-------------------------|--|----------------------------------|--|
| Building: | | Area: | |
| Work to be Carried Out: | | | |
| Date Required: | | Time Required: | |
| Print Name: | | Signature: | |
| | | Date: | |
| | | Time: | |
| | | Estimated Duration of Work (Hr): | |
| | | Contact Number: | |

2. Details of Isolation

To be completed by the Permit Issuer

| | | | |
|------------------------------|------------------------|------------|--|
| People advised of Isolation: | | | |
| Location of Warning Notices: | | | |
| | Total Number Posted: | | |
| Isolation Details: | | | |
| Capped Detectors*: | | | |
| | Number of Caps fitted: | | |
| Print Name: | | Signature: | |
| | | Date: | |
| | | Time: | |

* Caps shall only be fitted where damage to the detectors may be incurred through dust or other forms of contamination

3. Commencement of Works

To be completed by the person carrying out the work

| | | | |
|---|--|------------|--|
| I understand that the work detailed in Section 1 above can now commence and that the Fire Alarm System has been isolated for this purpose and this purpose alone. | | | |
| Unless agreed in advance, all work must be completed or suspended by 16:30 today. | | | |
| Print Name: | | Signature: | |
| | | Date: | |
| | | Time: | |

On completion of Section 3 work can now commence.

All work MUST stop if required to do so.

The sounding of the Fire Alarm may invalidate this Permit. Seek advice from the Permit Issuer.

4. Completion/Suspension of Works

To be completed by the person carrying out the work or a supervisor who is familiar with the work status

| | | | |
|---|--|------------|--|
| All work associated with this permit has now been completed / suspended and all persons under my charge have been advised accordingly. No further work will be carried out without the issue of a new permit. | | | |
| Print Name: | | Signature: | |
| | | Date: | |
| | | Time: | |

5. Reinstatement of Fire Alarm System

To be completed by a representative of STFC Estates Services or ISIS MCR Crew

| | | | | |
|--|-----------|------------|--|---|
| | | | | ✓ |
| Work area has been checked for residual smoke, dust, or vapour | | | | |
| All caps have been removed from detectors | Quantity: | | | |
| Fire Alarm System reinstated. All faults cleared. System back to normal | | | | |
| All warning notices have been removed. | Quantity: | | | |
| All persons detailed in Section 2 have been notified that the system has been reinstated | | | | |
| Notes: | | | | |
| Print Name: | | Signature: | | |
| | | Date: | | |
| | | Time: | | |