

FIRE SYSTEM ISOLATION FORM

Green section to be completed by the party requesting isolations.

Requestor: _____ **Submission Date:** _____

Company: _____ **Phone:** _____

Location of works: _____ **Level(s):** _____

Date(s) of Isolation: _____

Time of Isolation: _____

Time of De-Isolation: _____

Reason for Isolation: _____

Hot Works

ASE Isolation:

Device(s) Requiring Isolation:	Wet		Dry		
	Sprinklers	Flow Switch	Detector	Thermal Detector	EWIS
	Hydrants	VMD	Beam Detector	VESDA	Other

Other Details:

Fire Brigade Notified?	N/A	Yes	No
Managers and/or Supervisors of impaired areas notified?	N/A	Yes	No
Is the impaired areas monitored by a heat/smoke detection system?	N/A	Yes	No
Are additional extinguishers available in the impaired area?	N/A	Yes	No
Is hydrant/hose reel systems operational in the impaired area?	N/A	Yes	No
Are additional security patrols or a fire watch in place?	N/A	Yes	No
Have hazardous operations such as hot works been discontinued?	N/A	Yes	No

Signature: _____



FIRE SYSTEM ISOLATION FORM

<i>Yellow Section to be completed by Walker Asset Management</i>	
Isolation for longer than 8 hours?	Insurance Manager Notified?
Authorising Person:	Position:
Date:	Phone:
Signature:	

<i>Blue Section to be completed by party completing the isolations</i>	
Equipment Isolated:	
Person Isolating:	Phone:
Date of Isolation:	Time of Isolation:
Signature:	
Person de-isolating	Phone:
Date of De-isolation:	Time of De-isolation:
Signature:	

Please return completed form to the Walker Facilities Management Team.