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: Select

Hot Works Select **ASE Isolation:** Select

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

Yellow Section to be completed by Walker Asset Management

Isolation for longer than 8 hours?		**Insurance Manager Notified?**	
Authorising Person:		**Position:**	
Date:		**Phone:**	
Signature:			

Blue Section to be completed by party completing the isolations

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.