

# Fire Protection Equipment Impairment Notice



**Form Use:** This form is to be completed by the contractor when the sprinkler system, sprinkler water supply or related fire protection equipment is impaired, or shut down so as to impact the safety risk of the premises comprising areas (as marked on attached plan): (whole site / retail or office premises including plant rooms / basement carpark areas / storage or service areas / other [describe]).

Part 1 of this form is completed by the contractor or relevant building manager and faxed or emailed to Wesfarmers Group Risk Management and copy to (store/office/business) site or building management.

When protection has been restored the contractor or relevant building manager is to complete Part 2 and fax or email to Wesfarmers Group Risk Management. NB Group Risk Management will follow up (store/office/business) site management if Part 2 not received.

## Part 1 - Pre Impairment (before fire protection is isolated)

Business Unit.....Location ..... Store No.....  
Name of Store Manager.....Contact Tel. No.....  
Name of Contractor..... Company Name.....  
Contractor Telephone No..... Contractor Fax No.....  
Type of Equipment to be Impaired.....  
Areas Affected.....  
Reason for Impairment.....

### Estimated Duration of Impairment:

From ..... am / pm on ...../ .....20  
To ..... am / pm on ...../ .....20

**If the impairment is greater than one day:** I confirm / do not confirm that the sprinkler system/water supply will be re-instated at the end of each day during the impairment period.

### Preparations

- |   |          |
|---|----------|
| 1. Local Fire Brigade notified of impairment  | Yes / No |
| 2. Store Emergency Fire Organisation notified and on standby                        | Yes / No |
| 3. Hot Work Permit issued, extinguishers available and regular staff checks of area | Yes / No |
| 4. Hydrant/hose reel system checked and operational                                 | Yes / No |
| 5. Have hazardous processes been stopped during impairment                          | Yes / No |
| 6. Fire Protection to be restored each night  | Yes / No |
| 7. Centre management informed (if applicable)                                       | Yes / No |

**Fax or email completed Part 1 to Wesfarmers Group Risk Management on Fax: 1800 614 114 or Email: [riskmanagementservices@wesfarmers.com.au](mailto:riskmanagementservices@wesfarmers.com.au) and copy to Site or Building Management.**

-----Leave Part 1 Attached-----

## Part 2 - Post Impairment - fire protection fully restored

- |  |          |
|--|----------|
| 8. Sprinkler valves re-opened fully and drain and alarm test completed | Yes / No |
| 9. Sprinkler valve locked open / power reconnected                     | Yes / No |
| 10. Sprinkler Protection fully restored and system tested              | Yes / No |
| 11. Local Fire Brigade notified  | Yes / No |

Work completed at ..... am / pm on ..... / .....20

Contractor's Signature..... Company Name.....

**Fax or email completed Part 2 to Wesfarmers Group Risk Management on Fax: 1800 614 114 or Email: [riskmanagementservices@wesfarmers.com.au](mailto:riskmanagementservices@wesfarmers.com.au) and copy to store/site management.**