



Impairment Notification Form

To: Email service@unimutual.com.au
From: _____
Return facsimile or email: _____
University / Division: _____
Location / Address: _____
Date: _____
Re: Fire Protection System Shutdown

Section 1.

System to be shutdown

(please tick)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Automatic Sprinklers | <input type="checkbox"/> Fire Pump(s) |
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Fire Main |
| <input type="checkbox"/> Firewater Tank / Supply | |

Provide details: _____

Reason for Shutdown: _____

Area Affected: _____
Start time / date: _____
Estimated Duration: _____

Precautions to be Followed

(please tick)

- | | |
|---|---|
| <input type="checkbox"/> Use shut off tag | <input type="checkbox"/> Notify area supervisor |
| <input type="checkbox"/> Cease hazardous operations | <input type="checkbox"/> Hose / extinguishers available |
| <input type="checkbox"/> Ban welding / cutting / hot work | <input type="checkbox"/> No smoking |
| <input type="checkbox"/> Notify Fire Department | <input type="checkbox"/> Notify Alarm company |
| <input type="checkbox"/> Work to be continuous | <input type="checkbox"/> Additional watchman surveillance |
| <input type="checkbox"/> Emergency connection planned | |

Signed: _____ Title: _____

Section 2. Unimutual acknowledgement of impairment _____ Date: _____
Attached additional comments: Yes/No

Section 3. System Restored – Time: _____ Date: _____
Signed: _____ Title: _____

Section 4. Unimutual acknowledgment of Restoration: _____ Date: _____

Fill out Section 1. prior to shutdown (48 hours where possible) and email or fax to Unimutual. Sign Section 3. upon restoration of impairment and resend. Unimutual to sign Section 2. when advised and Section 4. when restored. File all copies with Fire Protection Services Co-ordinator.