

## Department of Fire & Emergency Services Telephone (08) 9395 9300

## FIRE SYSTEM IMPAIRMENT NOTIFICATION

## INSTRUCTIONS

I. Planning:	Remediation/ maintenance works are to be kept to a minimum duratio	n. Prepartory actions should be exhausted with the aim of
	minimising isolation times and disruption to DFES and the general pu	blic.

- 2. Impairment: Part A of this form is to be completed prior to the proposed impairment and then submit to the DFES contact.
- 3. Time Limits: Minimum notice required for a planned impairment is 72 hours or as soon as possible in an emergency event.
- 4. Scheduled Restoration: Part B of this form is to indicate the completion of work details.

	PREMISES DETAILS			
DFES File Number (If known):	Site address:			
Project / Site Name:				
APPLICANT DETAILS				
Requestor: Company name:				
Telephone:	Email addre			
PART A: NOTIFICATION OF IMPAIRMENT				
Date of Notification: Prepared by:				
	Fire System Impairment (select from below)	Ensure Fire System Impairment/s have been selected		
Fire Hydrants	Fire Main	Fire Suppression System		
Fire Pumps	Public Water Supply	Emergency Vehicle Access		
Tank Storage	Fire Detection	Other		
AFFECTED AREA - DESCRIBE LOCATION AND OCCUPANCY INVOLVED				
REASON AND DESCRIPTION FOR IMPAIRMENT				
Date of Isolation: Time of Isolation:				
Date of Isolation.				
SAFETY PRECAUTIONS TAKEN				
	Safety Precautions Taken (select from below)	Ensure Safety Precautions have been selected		
Management, staff and contra	actors notified	Hot work suspended		
Fire Brigade notified		24 hour occupancy		
Fire watch implemented		Smoking prohibited		
Emergency water supply		Additional equipment provided		
Hazardous operations prohibited		Trading ceased		
System reinstated on COB		Other		
PART B: NOTIFICATION OF SCHEDULED RESTORATION				
Date of Scheduled Restorati	ion: Time of S	Scheduled Restoration:		
COMMENTS				
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The submitted form will be emailed to BEBadmin@dfes.wa.gov.au