



6030.01 Form

**FIRE DETECTION/SUPPRESSION  
SYSTEM LONG TERM DISABLEMENT REQUEST FORM**  
(For use when systems are out of service greater than 48 hours)

SYSTEM: Detection [ ] Sprinkler [ ] Suppression [ ]  
Fire Sprinkler Water Supply [ ] Other [ ] \_\_\_\_\_

SYSTEM NUMBER (orange & black label): FP\_\_\_\_\_

LOCATION: \_\_\_\_\_

AREA AFFECTED: \_\_\_\_\_

REASON FOR DISABLEMENT: \_\_\_\_\_

REQUESTED START DATE \_\_\_\_\_ ESTIMATED REENABLEMENT DATE \_\_\_\_\_

REQUESTOR \_\_\_\_\_ DATE \_\_\_\_\_ PHONE # \_\_\_\_\_

BUILDING MANAGER \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_(signature)\_\_\_\_\_

TO BE COMPLETED BY DIVISION/SECTION BUILDING MANAGER OR FESS-FSM  
DISABLE TAG # \_\_\_\_\_ DATE \_\_\_\_\_  
SYSTEM RESTORED TO NORMAL - DATE \_\_\_\_\_

NOTE: This form is to be completed by the requestor, and requestor is responsible for obtaining the required signature authorization prior to the request being submitted to FESS Fire Systems Maintenance (FSM) Technicians. The requestor shall be responsible for requesting re-enablement at the earliest opportunity. When the system is disabled, FSM Technicians shall distribute a copy of this request to the below listed personnel. When the system is re-enabled, the FSM Technicians shall send the completed request to the same individuals.

DISTRIBUTION: Requestor, Building Manager,  
Division Safety Officer or ESH&Q-OSCO Manager,  
ESH&Q Fire Protection Engineer,  
Fermilab Fire Department Chief  
FESS Fire Systems Maintenance – phone 2924 or on-site pager 0269