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 # _____

DIVISION/SECTION SENIOR SAFETY OFFICER _____ DATE_____
(signature)

DIVISION/SECTION HEAD _____ 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/Section Senior Safety Officer, ES&H Fire Protection Engineer, Fermilab Fire Department Chief
FESS Fire Systems Maintenance – phone 2924 or on-site pager 0269

WARNING. This paper copy may be obsolete soon after it is printed. The current version of this FESHM Chapter is found at http://www-esh.fnal.gov/pls/default/esh_manuals.html.