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