

Fire system work permit

- Complete this permit before any impairment.
- Hang tag on valve or impaired device.
- Display the permit in a very visible location.

1. **Impairment** Please fill out **Part A** of this permit and e-mail it to uszfax_impairment_notification@zurichna.com.

Notify the office at least 24 hours prior to a planned impairment. For emergency impairments, notify Zurich Risk Engineering at the first opportunity.

2. **Restoration** Please fill out **Part B** and send it once again to the same e-mail address. Please keep the permit on file.

Call 1-800-695-6036 for questions or additional supplies.

Part A

Your name: _____ e-mail: _____ Phone number: _____
 Company name: _____ City / state & country: _____
 If a division of another company, please indicate: _____

Type of impairment

- Maintenance Testing Repair Freeze up Renovation/construction

System shut off

- Sprinkler Fire pump Public water main Yard main Reservoir / tank Fire hydrant
 Alarm/detection system Special extinguishing system Other: _____

Specific systems shut off or out of service

Reason for and description of impairment

Type of operations in affected area

Time shut off: _____ a.m. p.m. Date: _____

Expected duration of impairment: _____

Will work continue until system(s) are fully restored? Yes No

Precautions being taken

- | | |
|--|--|
| <input type="checkbox"/> Hot work prohibited? | <input type="checkbox"/> Fire department notified? |
| <input type="checkbox"/> Smoking controlled? | <input type="checkbox"/> Fire extinguishers or small hose available? |
| <input type="checkbox"/> Work during idle period? | <input type="checkbox"/> Fire watch or watchmen provided? |
| <input type="checkbox"/> Hazardous operations shut down? | <input type="checkbox"/> Emergency procedures reviewed and in place? |
| <input type="checkbox"/> Central station notified? | <input type="checkbox"/> Other: _____ |

Comments

Part B

Time restored: _____ a.m. p.m. Date: _____ Your name: _____