

Fire System Impairment Notification

Fire Protection & Detection Systems

Fire System Impairment Notification forms are required for all impairments. Notice must be provided to Centre Management at least 24 hours before a planned impairment or immediately following an emergency impairment or the discovery of an improper impairment.

Centre Management must notify AMP Group Insurance of all impairments that are **continuous for greater than 12 hours** or affects more than 10% of the building. insurance@amp.com.au

Step 1 - Centre Management to Complete

Centre			
AMP Capital Representative			
Contractor conducting work		Contact Number	
Date of notification		Time of notification	
Location of Impairment		Occupancy of Impairment	
Date and time of impairment		Date and time of anticipated restoration	
Is time greater than 12 hours		Percentage Impaired	

Impaired Equipment

Step 2 - Contractor to Complete

Air sampling system	<input type="checkbox"/>	Fixed gas flooding system	<input type="checkbox"/>	Fire Alarm System (FIP, Etc.)	<input type="checkbox"/>
Heat / smoke detection system	<input type="checkbox"/>	Hose reels	<input type="checkbox"/>	Hydrants	<input type="checkbox"/>
Sprinkler System	<input type="checkbox"/>	Other:			<input type="checkbox"/>

Controls Implemented

Step 2 - Contractor to Complete

Fire Department notified (e.g. Phoned)	<input type="checkbox"/>	Hot work prohibited	<input type="checkbox"/>	Area manned/patrolled	<input type="checkbox"/>
Alarm receiving station notified	<input type="checkbox"/>	Portable Fire-fighting equipment provided	<input type="checkbox"/>	Hazardous operations suspended	<input checked="" type="checkbox"/>
Area of impairment minimised	<input type="checkbox"/>	Other:			<input type="checkbox"/>

Notification of Restoration

Step 3 - Centre Management to Complete

Note: Confirmation to be sent via email immediately after the impairment has been completed and the system restored.

Restoration	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	Date and time of restoration	
Fire Department notified	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	Comments:	

AMP Capital Representative:

AMPC Representative Signed	
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