

**GLASGOW AIRPORT ENGINEERING DEPARTMENT**

**APPLICATION FOR FIRE ALARM ISOLATION**

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| **Contractor Task Assessment Reference Number :** |  |

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| 1. **Location of Work:**     **2. Description of Work and Equipment:**  ................................................................................................................................................................................... | | |
| **3. Device Details Required for Isolation:**      **4. Type of System to be worked on (please tick the boxes below):**  Fire Alarms  Fire Shutters  ANSUL System  Sprinkler System  Fire Alarm Interfaces  VESDA System  INERGEN System  Other - please specify | | |
| **5. Required Authorisation Period:** | From: ………….………………… Hours | Date: …………….…………………… |
|  | To: . ………………………….. Hours. | Date: ………….……..……………….. |
| **6. Details of Supplier & Person in Charge of**  **Works:**  Supplier’s Name: …………………………….……………  Person in Charge’s Name: ………………..…………….. | Company:…………………………………..  Company:……..…………………………… | Telephone No: ……………………………..  Telephone No: …………………………….. |
| **7. Requirements; If you intend to carry out any of the following, an additional permit will be required.**  **Do you intend to work Airside?**  **Do your works require you to enter a Confined Space?**  **Will you be creating heat, sparks or flame?**  **Do you require to isolate any sprinklers?**  **Will you be altering or modifying any type of system mentioned in section 4 above?**  **Any changes to the fire alarm system hardware / or**  **software must be Change Control approved by the**  **GLAL Lead Engineer before any work commences.** | **YES / NO IF YES an Airside Working Permit may be required**  **YES / NO IF YES a Confined Space Permit may be required**  **YES / NO IF YES a Hot Works Permit is required**  **YES / NO IF YES a Sprinkler Isolation Permit is required**  **YES / NO IF YES a Change Control is required**  **Change Control approved by: ..................................................................................**    **Change Control Number: .......................................... Dated: ...................................** | |
| **Your Name ………………………………………………………… Company …………………………………………………**  **Signature …………………………………………………………. Date ……………………………………………………….** | | |

This form to be submitted together with ***work specific*** method statement & risk assessments to:-

Scott Steel - Safety & Control Officer - Tel: 0141 848 4866 / 07770736577 Fax: 0141 848 4946 or

Derek Haldane - Control of Contractors Officer - Tel: 0141 848 4295 / 0792080604

At least **3 working days** notice is required before any permit will be issued.