**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.