

SMOKE DETECTOR ISOLATION PERMIT



This permit is for contractors engaged by AIT to carry out works requiring the temporary covering of smoke detectors using Dust Caps to prevent unnecessary fire alarm activations. The procedure is specifically related to the application of dust caps to smoke detectors, and does not deal with the risks associated with carrying out work that generates dust, smoke, fumes or other hazardous airborne particles. The covering of smoke detectors creates the significant risk of eliminating primary smoke and fire detection in the area of the building concerned. In the event that signs of smoke, or fire are noticed in the area by the Contractor or his employees, they must immediately evacuate the building and set off the fire alarm by activating a red Break Glass Unit. To contact the Fire Brigade – Dial 112. For Medical Emergencies – Dial 112.

GENERAL INFORMATION

Project/Work(s)	
Permit Request Date:	
Contractor (company) Name:	
Contractors Person Responsible:	
Contact Phone No:	
Email Address:	
Description Works requiring smoke detector isolation:	
Work commencement time & date:	
Works completion time & date:	

PRECAUTION CHECKLIST

Question	Yes	No
• Has a Risk Assessment been carried out specifically identifying the risks associated with isolating smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Risk Assessment Control Measures/Actions been implemented?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractor will follow the Smoke Detector Isolation Procedure?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractor is aware of the risks associated with isolating smoke detection?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractor will carry out hourly inspections of the area for signs of fire risks?	<input type="checkbox"/>	<input type="checkbox"/>
• Have the Contractors personnel who are going to work in the space have suitable PPE?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm that a Hot Works Permit will be completed if Hot Works are due to be carried out in the space(s)?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractor will not exit the area of work without removing dust cap(s)?	<input type="checkbox"/>	<input type="checkbox"/>
• Confirm the Contractor will complete the Smoke Detector Isolation Log Book (see Smoke Detector Isolation Procedure Procedure)?	<input type="checkbox"/>	<input type="checkbox"/>

If the checklist above contains any No, please provide further details and description below:

DECLARATION & SIGNATURE

I confirm that adequate safe systems of work will be maintained and that all of the required precautions for Isolating Smoke Detectors will be undertaken, and the information provided in this form is true and accurate.

Name (in BLOCK CAPITALS):	
Signature:	
Contractor Name:	
Date:	

AUTHORISATION on behalf of AIT

Name (in BLOCK CAPITALS):	
Signature:	
Date:	

PERMIT RETURN DATE & SIGNATURE

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