Auckland Airport

Form ES 405: **Smoke Detector Isolation Certificate**

To:	**INCIDENT CONTROL ROOM**		
Fax:	256 8920	Isolation No:	
CC			
From:		Contact: fire.isolations@aucklandairport.co.nz AND: fireimpairment.aus@Chubb.com	
Date:		**Pages:** (Including this page)	**1**
Subject:	REQUEST FOR ISOLATION (*see A*) REQUEST FOR REINSTATEMENT (*see B*)		*(tick)* *(tick)*

Scope of work:

Foreman in Charge: **Company:** **ph:**

A. Please isolate Smoke Detectors as follows:

Number of detectors to be isolated: **Detector No's:**

NOTE: Auckland Airport requires AT LEAST 24 hours notice prior to commencement of work.

Isolate from *(day)*: *(date)*: *(time)*:

Location: **Tentative reinstatement date/time:**

Applicants must ensure detectors are reinstated by completing Pt B of this Certificate.

Contractor/Foreman, request permission *(name)*: _____ *(signature)*

Fire Services Contractor reviews *(name)*: _____ *(signature)*

AIAL Fire System Engineer approves *(name)*: _____ *(signature)*

ICR please confirm isolation to contractor/Foreman listed above _____
(ICR Operator)

B. Please reinstate Smoke Detectors as follows:

I confirm that work is complete and request ICR reinstate all detectors located and listed in (A) above, as of:

(day): *(date)*: *(time)*:

Contractor/Foreman confirms *(name)*: _____ *(signature)*

Fire Services Contractor confirms *(name)*: _____ *(signature)*

AIAL Fire System Engineer approves *(name)*: _____ *(signature)*

Auckland Airport shall retain completed Isolation of Smoke Detector Certificates for a period of one year from the date in the fax header above.

Auckland Airport Smoke Detector Isolation Certificate Form **Form ES 405**
Recommended review: 2-yearly *[last review: 21-01-21; see doc # AIAL-1336572876-101732: content approved; see doc # AIAL-1336572876-101733]*
Owner: Manager Engineering Services
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