University of Dundee Estates and Buildings Permit to Isolate Fire Alarm/Fire Detection/Security System

Isolation Permit Number		Fire alarm*/fire detection*/security*	
		(delete as appropriate)	
Location			
Isolation Type: for Fire			
Full (automatic and manual)		Automatic (break glass units still operational)	
Reason for isolation		Details	
Isolation type:			
a) full i.e automatic and manual			
b) automatic (detectors only)			
Name of departmental staff representative who has been informed of the isolation			
Compensatory arrangements (list)			
Start time and date		Reinstatement time and date	
Authorised by (name and signature)		Accepted by (name and signature)	
fiunonised by (nume und s	ignature)	(nume une signature)	
On behalf of Estates and Buildings		On behalf of contractor	
Confirmation of reinstatement (and testing if necessary)			
Name and signature		Estates and Buildings	
Date	Time	Tested Yes/No (<i>delete as appropriate</i>)	