

RED TAG PERMIT

CONTROL NUMBER

INDEX NUMBER

PRECAUTIONS TAKEN (CHECK AS APPROPRIATE)

- | | |
|--|---|
| <input type="checkbox"/> Emergency Organization Notified | <input type="checkbox"/> Continuous Work Authorized |
| <input type="checkbox"/> Public Fire Department Notified | <input type="checkbox"/> Ongoing Patrol of Area |
| <input type="checkbox"/> Hazardous Operations Stopped | <input type="checkbox"/> Hydrant Connected to Sprinkler Riser |
| <input type="checkbox"/> Hot Work Prohibited | <input type="checkbox"/> Pipe Plugs on Hand |
| <input type="checkbox"/> Smoking Restricted | <input type="checkbox"/> Fire Hose Laid Out |
| <input type="checkbox"/> Other _____ | |

CONTACT NAME

LOCATION (City, State/Province)

CONTACT PHONE NO.

CONTACT FAX NO.

CHECK IF

- SPRINKLER
 FIRE PUMP
 GASEOUS
EXTINGUISHING
SYSTEM
 OTHER

SPRINKLER VALVE LOCATION/NUMBER

AREA PROTECTED

REASON FOR IMPAIRMENT

PLANNED DATE/TIME TO BE CLOSED

PLANNED DATE/TIME TO BE OPEN

NAME/TITLE OF RESPONSIBLE PERSON

AUTHORIZED BY (NAME)

FIRE PROTECTION EQUIPMENT
OPERATOR (NAME)

PART 1 INSTRUCTIONS

Permit Authorizer: Fill out using ballpoint pen, sign and issue permit as follows:

Phone Part 1 information, or fax this part, to the FM Global number listed on the Red Tag Permit Wall Kit.

Place Part 2 in center pocket of Wall Kit as visual reminder of impairment.

Issue Part 3 (Red Tag) to Fire Protection Equipment Operator to attach to impaired equipment.



RED TAG PERMIT

Part 1 of 3

OUT OF SERVICE

CONTROL NUMBER

INDEX NUMBER

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- | | |
|--|---|
| <input type="checkbox"/> Emergency Organization Notified | <input type="checkbox"/> Continuous Work Authorized |
| <input type="checkbox"/> Public Fire Department Notified | <input type="checkbox"/> Ongoing Patrol of Area |
| <input type="checkbox"/> Hazardous Operations Stopped | <input type="checkbox"/> Hydrant Connected to Sprinkler Riser |
| <input type="checkbox"/> Hot Work Prohibited | <input type="checkbox"/> Pipe Plugs on Hand |
| <input type="checkbox"/> Smoking Restricted | <input type="checkbox"/> Fire Hose Laid Out |
| <input type="checkbox"/> Other _____ | |

CONTACT NAME

LOCATION (City, State/Province)

CONTACT PHONE NO.

CONTACT FAX NO.

CHECK IF

- SPRINKLER
 FIRE PUMP
 GASEOUS
EXTINGUISHING
SYSTEM
 OTHER

SPRINKLER VALVE LOCATION/NUMBER

AREA PROTECTED

REASON FOR IMPAIRMENT

PLANNED DATE/TIME TO BE CLOSED

ACTUAL DATE/TIME CLOSED

PLANNED DATE/TIME TO BE OPEN

ACTUAL DATE/TIME OPEN

NO. OF TURNS TO CLOSE

NO. TURNS TO OPEN

MAIN DRAIN TEST
PERFORMED
 YES NO

NAME/TITLE OF RESPONSIBLE PERSON

AUTHORIZED BY (NAME)

PART 2 INSTRUCTIONS

Permit Authorizer: Place in center pocket of Red Tag Permit Wall Kit as a visual reminder of present impairment.

When fire protection is restored and Red Tag is returned by Fire Protection Equipment Operator, transfer information needed to this part and phone the information, or fax this part, to the FM Global number listed on Wall Kit.

To order permit supplies, go to fmglobalcatalog.com.

For additional guidance on impairment management, refer to FM Global Property Loss Prevention Data Sheet 2-81, *Fire Protection System Inspection, Testing and Maintenance*.



RED TAG PERMIT

Part 2 of 3

FIRE PROTECTION OUT OF SERVICE

CONTROL NUMBER	INDEX NUMBER
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PRECAUTIONS TAKEN (CHECK AS APPROPRIATE)

- | | |
|--|---|
| <input type="checkbox"/> Emergency Organization Notified
<input type="checkbox"/> Public Fire Department Notified
<input type="checkbox"/> Hazardous Operations Stopped
<input type="checkbox"/> Hot Work Prohibited
<input type="checkbox"/> Smoking Restricted
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Continuous Work Authorized
<input type="checkbox"/> Ongoing Patrol of Area
<input type="checkbox"/> Hydrant Connected to Sprinkler Riser
<input type="checkbox"/> Pipe Plugs on Hand
<input type="checkbox"/> Fire Hose Laid Out |
|--|---|



CHECK IF <input type="checkbox"/> SPRINKLER <input type="checkbox"/> FIRE PUMP <input type="checkbox"/> GASEOUS EXTINGUISHING SYSTEM <input type="checkbox"/> OTHER	SPRINKLER VALVE LOCATION/NUMBER <hr/> AREA PROTECTED
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REASON FOR IMPAIRMENT

PLANNED DATE/TIME TO BE CLOSED	ACTUAL DATE/TIME CLOSED
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PLANNED DATE/TIME TO BE OPEN	ACTUAL DATE/TIME OPEN
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NO. OF TURNS TO CLOSE	NO. TURNS TO OPEN	MAIN DRAIN TEST PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME/TITLE OF RESPONSIBLE PERSON

AUTHORIZED BY (NAME)	FIRE PROTECTION EQUIPMENT OPERATOR (NAME)
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PART 3 INSTRUCTIONS

Fire Protection Equipment Operator: Write the date, time and number of turns needed to close the sprinkler control valve and fasten the Red Tag to the shut valve.

When the impairment is over, reopen the valve. Perform a main drain test. Write the reopening information on this Red Tag and return it to the Permit Authorizer.

If equipment is other than sprinklers, return equipment to automatic service when the impairment is over.

Permit Authorizer: Retain this copy in your Wall Kit or other permanent file when impairment is over.



**FIRE
PROTECTION
OUT OF
SERVICE**

