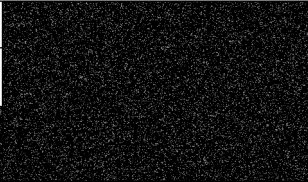


RED TAG PERMIT

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		
<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			
INSURED NAME			
INSURED LOCATION (City, State/Province)			
INSURED PHONE NO.		INSURED FAX NO.	
CHECK IF <input type="checkbox"/> SPRINKLER <input type="checkbox"/> FIRE PUMP <input type="checkbox"/> CO ₂ <input type="checkbox"/> HALON <input type="checkbox"/> 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 (PRINT)			
AUTHORIZED BY (PRINT NAME)		FIRE PROTECTION EQUIPMENT OPERATOR (PRINT NAME)	

PART 1 INSTRUCTIONS

Firesafety Supervisor: Fill out using ball-point 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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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 |
| <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 | |

INSURED NAME

INSURED LOCATION (City, State/Province)

INSURED PHONE NO.

INSURED FAX NO.

CHECK IF

- SPRINKLER
 FIRE PUMP
 CO₂
 HALON
 OTHER

SPRINKLER VALVE LOCATION/NUMBER

AREA PROTECTED

REASON FOR IMPAIRMENT

PLANNED DATE/TIME TO BE CLOSED

ACTUAL DATE/TIME TO BE CLOSED

PLANNED DATE/TIME TO BE OPEN

ACTUAL DATE/TIME TO BE OPEN

NO. OF TURNS TO CLOSE

NO. OF TURNS TO OPEN

2 in. DRAIN TEST PERFORMED

YES NO

NAME/TITLE OF RESPONSIBLE PERSON (PRINT)

AUTHORIZED BY (PRINT NAME)

PART 2 INSTRUCTIONS

Firesafety Supervisor: 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.

Please send more permits. Quantity if needed: _____

Mail to (Name): _____

(Address): _____

FM Global

RED TAG PERMIT

Part 2 of 3

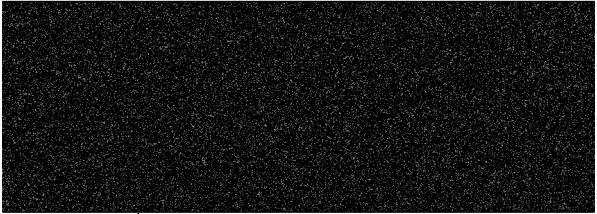
FIRE PROTECTION OUT OF SERVICE

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 |
| <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 | |



CHECK IF

- SPRINKLER
- FIRE PUMP
- CO₂
- HALON
- OTHER

SPRINKLER VALVE LOCATION/NUMBER

AREA PROTECTED

REASON FOR IMPAIRMENT

PLANNED DATE/TIME TO BE CLOSED

ACTUAL DATE/TIME TO BE CLOSED

PLANNED DATE/TIME TO BE OPEN

ACTUAL DATE/TIME TO BE OPEN

NO. OF TURNS TO CLOSE

NO. OF TURNS TO OPEN

2 in. DRAIN TEST PERFORMED

YES NO

NAME/TITLE OF RESPONSIBLE PERSON (PRINT)

AUTHORIZED BY (PRINT NAME)

FIRE PROTECTION EQUIPMENT OPERATOR (PRINT NAME)

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 2 in. drain test. Write the reopening information on this Red Tag and return it to the Firesafety Supervisor.

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

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

FM Global

RED TAG PERMIT

Part 3 of 3

FIRE PROTECTION OUT OF SERVICE

