

**IMPORTANT:** This form, when completed, must be confirmed by the management office at least 48 hours prior to the starting date.

**Note:** Please use only 1 form per floor, per draindown.

Company name:		Suite No:
Tenant representative first and last name:		Title:
Telephone:	Email address:	
Signature:	Date submitted dd-mm-yyyy:	

**Operations Use Only:**

Rationale/Reason:			
Draindown date dd-mm-yyyy:	Estimated duration:	Work permit #:	
Contractor company name:			
Contractor onsite representative first and last name:		Telephone no:	
Email address:		Number of onsite personnel:	
Authorizing signature:		Date dd-mm-yyyy:	
System drained: <input type="checkbox"/>	System filled: <input type="checkbox"/>		
Bypassed/disabled zone number(s):	Zone(s) bypassed/disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	System drained: <input type="checkbox"/> YES <input type="checkbox"/> NO	System Filled: <input type="checkbox"/> YES <input type="checkbox"/> NO
System refill date dd-mm-yyyy:	System refill time:	Supervisory alarms cleared: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Enabled zone number(s):	Zone(s) enabled: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Insurance company name:	Telephone:	Facsimile:	
Operators first and last name:	Telephone:	Facsimile:	
Security officers first and last name:	Telephone:	Facsimile:	
Fire department representative first and last name:	Telephone:	Facsimile:	

**This section of the form is to be completed by the management office.**

Received by:	Date dd-mm-yyyy:	Time:
Approved by:	Date dd-mm-yyyy:	Time:
System verified by:	Date dd-mm-yyyy:	Time: