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Legal References:

RED TAG PERMIT For Fire Protection System Impairments

The purpose of the Red Tag Permit System is to manage the fire alarm and sprinkler systems during impairments.

General information

When planning an impairment and before initiating the permit, follow these steps

- Plan to use temporary protection such as extra fire extinguishers.
- During the impairment shut down hazardous processes and prohibit all hot work operations.

Using the Wall Kit (can be obtained from Risk and Safety Services)

- A wall kit containing the red tag permits should be posted in plain view in the sprinkler control room.
- Affix the red and white decals to all fire protection equipment to alert everyone that authorization is necessary prior to shutting off fire protection equipment.
- Fill in vital information to display on the wall kit. Provide telephone numbers for the fire department, Alarm Company and water department.
- Inform employees that the red tag permit system is in effect.

Work Instructions

Before Impairment - Part 1 (see Fig. 1)

- Check the boxes indicating all the precautions taken.
- Fill-in the information boxes for Part 1
 - Index Number **(will be different for each facility, contact Risk and Safety Services for your facility's Index Number)**
 -
 - **INSURED NAME – City of Boise**
 - **LOCATION – physical address of your facility**
 - Sprinkler Valve Location/Number
 - Check type of system
 - Name the area with the impaired system
 - Reason for the impairment
 - Planned date/time to be closed
 - Planned date/time to be opened

- The Firesafety Supervisor must notify FM Global (property insurer) by phone (**888-201-8943**) about the impairment. Alternatively, a copy of the red tag permit can be faxed (**800-736-5564**) to FM Global or reported online at <http://www.fmglobal.com/redetag/default.aspx>.
- The Firesafety Supervisor should notify the alarm monitoring company for the facility.
- The Firesafety Supervisor then signs the tag to document the impairment and removes Part 1 for his/her records.

During Impairment - Part 2 (see Fig. 2)

- Record the date, time and the number of turns needed to close the valve on Part 2.
- Attach Part 3 to the shut valve.
- Remove and place Part 2 in the During Impairment (center) pocket of the wall kit as a reminder of the impairment.

After the Impairment - Part 3 (see Fig. 3)

- Record the date, time, and the number of turns needed to open the valve on Part 3.
- Promptly restore fire protection equipment to automatic service.
- If sprinkler protection was impaired, conduct a 2-inch drain test at the sprinkler riser and compare the results to previous 2-inch drain tests to ensure the results are satisfactory.
- Lock sprinkler control valves in the wide-open position.
- Reset the alarm system immediately and notify the alarm monitoring company.
- Notify the local fire department that the fire protection is restored.
- Notify FM Global that the fire protection is restored.
- Collect Parts 2 and 3, staple them together and place them in the After Impairment (right) pocket of the wall kit.

RED TAG PERMIT

CONTROL NUMBER 3094229	INDEX NUMBER [Redacted]												
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"/> Working Period of Area												
<input type="checkbox"/> Nonessential 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 Prohibited	<input type="checkbox"/> Fire Area Laid Out												
<input type="checkbox"/> Other _____													
INSURED NAME City of Boise													
INSURED LOCATION (City, State/Province) Physical Address of facility													
INSURED PHONE NO. [Redacted]	INSURED FAX NO. [Redacted]												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TYPE OF IMPAIRMENT</td> <td style="width: 50%;">AREA PROTECTED</td> </tr> <tr> <td><input type="checkbox"/> SPRINKLER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> FIRE PUMP</td> <td></td> </tr> <tr> <td><input type="checkbox"/> CITY</td> <td></td> </tr> <tr> <td><input type="checkbox"/> HALL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> </table>		TYPE OF IMPAIRMENT	AREA PROTECTED	<input type="checkbox"/> SPRINKLER		<input type="checkbox"/> FIRE PUMP		<input type="checkbox"/> CITY		<input type="checkbox"/> HALL		<input type="checkbox"/> OTHER	
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PLANNED DATE/TIME TO BE CLOSED	PLANNED DATE/TIME TO BE OPEN												
[Redacted]	[Redacted]												
NAME/TITLE OF RESPONSIBLE PERSON (PRINT) [Redacted]													
AUTHORIZED BY (PRINT NAME) [Redacted]	FIRE PROTECTION EQUIPMENT OPERATOR (PRINT NAME) [Redacted]												
PART 1 INSTRUCTIONS													
<p>Firesafety Supervisor: Fill out using ball-point pen, sign and issue permit as follows:</p> <p>Phone Part 1 information or fax this part to the FM Global number listed on the Red Tag Permit Wall Kit.</p> <p>Place Part 2 in center pocket of Wall Kit as visual reminder of impairment. Issue Part 2 (Red Tag) to Fire Protection Equipment Operator to attach to impaired equipment.</p>													
RED TAG PERMIT													
[Redacted] Part 1 of 3													

The index number will be unique to your facility. Contact Risk & Safety for your Index Number

Phone number for individual overseeing the impairment.

Fax number for the individual overseeing the impairment.

Planned duration of impairment; time closed and time to be opened.


Supervisor of impairment work.

Additional instructions for the employee overseeing the impairment work.

All 3 parts must be completed.

FIGURE 1 - Red Tag Permit, Part 1 of 3

OUT OF SERVICE

CONTROL NUMBER 3094229		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"/> Opening Permitted	
<input type="checkbox"/> Accident Operator Stopped	<input type="checkbox"/> Reconnect Connected to Tyrosine Ring	
<input type="checkbox"/> Hot Work Prohibited	<input type="checkbox"/> Fire Plugs on Hand	
<input type="checkbox"/> Smoking Prohibited	<input type="checkbox"/> Fire Boxes Laid Out	
<input type="checkbox"/> Other		
INSURED NAME		
INSURED LOCATION (City, State/Province)		
INSURED PHONE NO.	INSURED FAX NO.	
CHECK IF	SPRINKLER VALVE LOCATION/NUMBER	
<input type="checkbox"/> SPINKLER		
<input type="checkbox"/> FIRE PUMP		
<input type="checkbox"/> CO ₂	AREA PROTECTED	
<input type="checkbox"/> HALON		
<input type="checkbox"/> OTHER		
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	3 IN. DRAIN TEST PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> 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 in 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): _____		
 RED TAG PERMIT		Part 2 of 3

Details about how the system was closed and reopened.

Employee performing the work notes the *actual* time the system was closed and reopened.

Additional instructions for Part 2. After system has been restored, fax permit to FM Global [(800) 736-5564]

Part 2 of 3; all three parts must be completed.

FIGURE 2 - Red Tag Permit, Part 2 of 3

Part 3 is hung on the control mechanism for the system.

**FIRE PROTECTION
OUT OF SERVICE**

CONTROL NUMBER: 3094229 BULKY NUMBER: _____

PRECAUTIONS TAKEN (CHECK AS APPROPRIATE)

<input type="checkbox"/> Emergency Operations Scaled	<input type="checkbox"/> Continuous Work Authorized
<input type="checkbox"/> Public Fire Department Notified	<input type="checkbox"/> Draining Period of Area
<input type="checkbox"/> Secondary Operations Stopped	<input type="checkbox"/> Reroutes Connected to Sprinkler Rise
<input type="checkbox"/> Hot Work Prohibited	<input type="checkbox"/> Pipe Plugs on Hand
<input type="checkbox"/> Driveway Restricted	<input type="checkbox"/> Fire Hoses Laid Out
<input type="checkbox"/> Other _____	

CHECK BY: _____ SPRINKLER VALVE LOCATION/NUMBER: _____

SPRINKLER AREA PROTECTED: _____

FIRE PUMP

CITY

BUILDING

OTHER

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: _____ 2 in. DRAIN TEST PERFORMED: YES NO

NAME/TITLE OF RESPONSIBLE PERSON (PRINT): _____

AUTHORIZED BY (Signature): _____ FIRE PROTECTION EQUIPMENT OPERATOR (Signature): _____

PART 3 INSTRUCTIONS

Fire Protection Equipment Operator: Write the date, size 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

Additional instructions for completion of the permit.



Back

Front

FIGURE 3 - Red Tag Permit, Part 3 of 3