

Please fill out, sign, scan and return to Auckland Transport (see Contact List – Appendix 1)

Fire Protection System – Shut Down Application						
Section A – Contractor Details						
Contractor:			Date:	Date:		
Phone Number:			Email:	Email:		
Attention:						
NZ Standard 4541 & 4515 (Sprinkler Systems) require "OWNERS APPROVAL" and notification to NZ Fire Service, Insurance Council and building insurers prior to a fire sprinkler shutdown. NZ Standard 4512 (Fire detection and alarm systems) requires "OWNERS APPROVAL", and for owners to notify their insurers if the systems are isolated for more than 12 hours.						
Section B – Fire System/Site Detail						
Site Name:						
Address:						
Fire System: (check all required) Area Affected (90					
7 ca 7 ca 6 .						
Shutdown date: Reinstatement		Shutdown time: Reinstatement		Reinstated Da	aily	
date:		time:		Shutdown		
Work to be completed	Alterations Damage to system Maintenance work					
during shutdown	Other:					
Signature:	Date:					

