

Division 1 - General Requirements
Fire Alarm/Sprinkler System
Impairment
Section 01145B

PART 1 - GENERAL

1.1 SUMMARY

This Section includes restrictions and processes which must be followed by the Contractor in order to perform work which may affect fire alarm devices (a.k.a. fire alarm initiating points) in specific work areas located on the Austin-Bergstrom International Airport (ABIA) campus. The permitting process required to perform Hot Work on the Airport site is covered under Specification Section 01145A - Hot Work

1.2 DEFINITIONS

- A. System in Bypass: The entire system is bypassed, meaning that in the event of an actual alarm requiring an evacuation, the system would not function for evacuation until it was taken out of bypass. This is not standard practice for fire alarm or sprinkler impairment.
- B. Initiating Point Disabled: A single address point is disabled. The system will function normally, except that the disabled initiating point will not operate. The system is still monitored for alarm notification. The system will function for evacuation, but will ignore the disabled initiating point.
- C. Fire Alarm Device or Initiating Point: A single device or initiating point such as: Smoke detectors, Heat detectors, Beam detectors, Duct detectors, Pull stations, Water flows, Special systems, Intergen, FM 200 or Pre-action systems or devices
- D. Tampering: Contractor shall not cover or tamper with any Fire Alarm Device.
- E. Area affected by this Specification: All city buildings on the Austin-Bergstrom International Airport (ABIA) site under the Department of Aviation jurisdiction.
- F. Hot Work: Any temporary work operation involving open flame or producing heat and/or sparks. This work is sometimes referred to as "spark/flame" work. Includes but is not limited to the following.
- G. Brazing, Cutting, Grinding, Soldering, Thawing Pipe, Torch-Applied Roofing, Welding. The permitting process required to perform Hot Work on the Airport site is covered under Specification Section 01145A - Hot Work.
- H. Fire Alarm or Sprinkler System Impairment: If fire alarm or fire sprinkler system impairment is needed due to Hot Work type and location, the Contractor shall abide by Section 01145A Hot Work as well as this specification.
- I. If fire alarm or fire sprinkler system impairment is needed to efficiently and safely perform the work and involves "non-Hot Work" activities, the Contractor can request or recommend a fire alarm device (initiating point) or sprinkler head(s) be temporarily disabled. This impairment is only temporary (maximum 12 hours continuous impairment) and shall be coordinated to occur at the times requested in the Fire Alarm/Sprinkler System Impairment Request Form.

- J. Fire Safety Supervisor: A designated Department of Aviation individual authorized to review the Contractor's Fire Alarm/Sprinkler System Impairment Request Form and approve the temporary impairment.
- K. Fire Alarm/ Sprinkler System Impairment Log: The Contractor shall keep a log of Fire Alarm/Sprinkler System Impairment Requests forms submitted to the Owner's Representative and submit, at a minimum, the updated log to the Owner's Representative on a monthly basis with the Contractor's Application For Payment.
- L. The minimum information to be tracked on the Fire Alarm/Sprinkler System Impairment Request Log shall include, but not be limited to: Sequentially numbered Fire Alarm Impairment Request Forms, date submitted to the Owner's Representative, location of device(s) or sprinkler head(s), other pertinent information.

PART 2 – PRODUCTS (Not Used)

PART 3 - EXECUTION

3.1 CONTRACTOR PROCEDURE FOR REQUESTING FIRE ALARM/SPRINKLER IMPAIRMENT

- A. In order to avoid unplanned fire protection system activation initiation, the Contractor shall request a fire alarm or fire sprinkler system Impairment using the attached Fire Alarm/Sprinkler System Impairment Request form.
- B. All requested information should be completed by the Contractor or Sub-contractor in charge of the covered work and submitted to the Owner's Representative a minimum of 3 business days prior to the time of the proposed Fire Alarm/Sprinkler Impairment.
- C. Contractor shall convey a detailed Fire Alarm/Sprinkler Impairment Plan which explains: the type of work, the work process, the time period for the work, the exact location of the work, the device(s) or sprinkler head(s) which the Contractor believes should be disabled and any other hazards and necessary precautions to be taken in the area of the work.

3.2 OWNER'S PROCEDURE FOR REVIEWING FIRE ALARM/SPRINKLER IMPAIRMENT REQUESTS

- A. Upon receipt of the Contractor's Fire Alarm/Sprinkler System Impairment Request form, the request will be reviewed by the Owner for completeness and for smoke, sprinkler, fire/life safety and environmental considerations including but not limited to:
- B. Can work be completed in the respective area without the fire alarm/sprinkler impairment with minimal possible alarm activation if the proper training and awareness is given?
- C. What other work or activities or impairments are going on in the respective location during the requested impairment?
- D. Where is the closest coverage area from the impairment?
- E. Do designated maintenance personnel need to be on site during the impairment?
- F. Is the impairment a matter of convenience or a functional need for required work?

3.3 OWNER'S PROCEDURE FOR APPROVING/DISAPPROVING FIRE ALARM/SPRINKLER SYSTEM IMPAIRMENT REQUEST

If the Contractor's Fire Alarm/Sprinkler System Impairment Request Form is not completed correctly, or if additional information is needed to assess the request, the Owner will make an effort to contact the contractor for clarification. If the Contractor's Fire Alarm/Sprinkler System Impairment Form is "rejected", contractor shall be promptly notified by the Owner.

3.4 OTHER CONSIDERATIONS REGARDING THE PROCESS

- A. It is the Contractor's responsibility to submit for Fire Alarm/Sprinkler System Impairment on a timely basis, ahead of the work that requires the impairment.
- B. If the need for Fire Alarm/Sprinkler Impairment changes such that the impairment is no longer needed at the specific time originally submitted, the Contractor will promptly notify the Owner and DoA Operations at 530-7550.
- C. Consequences for failure of the Contractor to adhere to the requirements specified, including but not limited to: Issuance of a stop work order, temporary suspension of issuance of Fire Alarm/Sprinkler System Impairment Request Form approvals, issuance of Notice(s) of Non-Conformance and \$500 deduction from construction contract amount for every day there is a failure to comply with the specified requirements.
- D. A spot check of these procedures may be conducted at any time by the issuing Fire Safety Supervisor, Department of Aviation (DOA) Operations, Safety, or Fire Department personnel. If specified requirements are not complied with, the Contractor will be notified to immediately stop work until all deficiencies have been corrected, at no cost to the Owner.
- E. If the Contractor's personnel do not comply with the directives given to stop work, the Owner's personnel including DOA staff will contact Airport Police to have Contractor personnel escorted off City of Austin property.
- F. Training on the Fire Alarm/Sprinkler System Impairment process can be made available upon written request from the Contractor. Based on project size and potential for Fire Alarm/Sprinkler System Impairment related work activities, training on the Fire Alarm/Sprinkler System Impairment process may be provided at or around the project pre-construction meeting.

ATTACHMENTS:

Fire Alarm/Sprinkler System Impairment Request Form

CoA Aviation Department Fire Alarm/Sprinkler System Impairment
Request Form

Request No: _____ Date/Time of Request: ___/___/___ at ___: ___ am/pm

Project Name: _____ DoA Proj No: _____

General Contractor/Subcontractor: _____

Superintendent*: _____ Contact #: _____

*First point of contact for additional information or clarification needed during the review process.

EXACT LOCATION OF FIRE ALARM DEVICE/SPRINKLER IMPAIRMENT REQUESTED:

Building: _____ Floor/Level: _____

Room #/name/device location: _____

Specific description of the need for fire alarm device impairment being requested, including but not limited to: work type details, work process, work area, why Hot Work Permit does not apply, other fire alarm impairment considerations, etc. Drawings should be provided if needed for clarification.

Reason fire alarm system/sprinkler system impairment is required: _____

Impairment Date / Time: _____ Impairment Duration: _____

Fire Alarm/Sprinkler Impairment Request Submitted by: _____

Title: _____ Contact #: _____

TO BE COMPLETED BY DEPARTMENT OF AVIATION

Reviewed and Rejected*/Approved (circle one)

By: _____ Title: _____ Contact #: _____

*REASON FOR REJECTION: _____

Date Request Form Returned to Contractor: _____