(General Work Permit number or Routine work order) .

		(General W	/ork Permit number or Rou	itine work order)
In case of emergency call: 760-476-2202		STEM IMPAIRN /ORK PERMIT	IENT	Viasat
Local regulatory requirements will gove unexpected conditions are encountere up to and including Section 4.	d. This permit is only valid when a			
Section 1 (Permit Requestor Completed	tes) General	Information		
This permit is linked to: A General Work Permit or		No.:		
• An SOP or other written work	instruction	Reference:		
Nork Order or/ and Equipment Specific	Procedure number: (if applicable).			
Permit FSI requested by:		On: (date)		
Permit FSI valid from: (date & time)		To: (date & time; max	. 1 month)	
Plant/ department/ area/ installation/ e		•		
· · · · ·				
Work description:				
Section 2 (Permit Requestor Complete	tes) Scope of Work – Poter	ntial Hazards & Mitigati	on	
Vhat fire system(s) will be impaired?	Detection*	Detection* Notification		Suppression
Check all that apply)	(complete Section 2a)	(complete Sect		(complete Section 2c)
	□ Heat □ Smoke	Heat Audible/Visible Alarm Gradual Gratian		Sprinkler Systems Distribution**
		□ Central Station □ Other***		□ Foaming Systems
	□ Other***			
	Li Other***			Gaseous Systems Dry Powder Systems
				□ Other***
 Impairments of Detection Systems these systems, use "Other" under S Includes fire pumps, fire suppressa 	uppression Systems and describe b nt supply, and fire suppressant dist	elow. ribution line impairmen		ion system impunnents. For
*** Describe "Other":				
Section 2a		System Details	- /.	
Complete this section if a <u>detection sys</u>	tem is being impaired. If not appl	icable, check this box:	LI N/A	
Area/equipment/process monitored by	detection system:			
	or Two Points, Localized Area (for more than one shift)	☐ Multiple Points	(more than 2)	Entire System
las Hot Work and Live Electrical Work i		□ Yes	🗆 No (<i>explain, Othe</i>	er Permits Required)
a Fire Watch patrolling the area?		□ Yes	🗆 No (<i>explain</i>)	
ooes the Fire Watch have a way to activ	vate the alarm?	□ Yes (<i>explain</i>)	□ No (Do not proce	ed) 🗆 N/A
Explanations:				
Section 2b	Notification	n System Details		
Complete this section if a <u>notification s</u>			□ N/A	
Area/equipment/process served by det	ection notification:			
Nature of Impairment:	e Point 🛛 Localiz	ed Area 🛛	Multiple Areas] Entire System
 Is there a way to monitor and pro 				□ No
2) Is there an alternate way to notify	occupants of a fire to ensure pror	-	□ Yes (<i>explain</i>)	□ No

Z is there an alternate wa	by to notify occupants of a fire to ensure prohipt evacuation:		
If <u>both</u> 1 and 2 above are "No,	," work may not proceed as there is no mechanism in place to eva	cuate personnel in the event of a	fire.

Explanations:

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Section 2c Complete this section if a suppression system is being in	Suppression Sy		ж: 🗆 N/А	
Area/equipment/process protected by suppression syste				
□ Interior Isolation Point? (<i>Complete if applicable</i>)	Riser#:			Room #:
	No. Turns to Close		No. Turns to Open:	
	No. Turns to close		No. Turns to Open	
□ Outside Perimeter? (<i>Complete if applicable</i>) □ Hyd Valve	rant 🛛 Post Indica	ator Valve 🛛 Wal	l Post Indicator Valve 🛛 🛛 Ga	te Valve 🛛 Curb Box
Valve #	No. Turns to Close	:	No. Turns to Open:	
Valve #	No. Turns to Close	:	No. Turns to Open:	
Valve #	No. Turns to Close	:	No. Turns to Open:	
□ Suppressant Supply, Pump, or Main Piping Section?	(Complete if this app	olies)		
Nature of Impairment:	□ Localized	Area E] Multiple Areas □ Ent	tire System
1) Has Hot Work and Live Electrical Work in the area be	en suspended?	□ Yes	·	see TSS for exceptions) ^A
2) Is a Fire Watch continuously patrolling the area?		□ Yes	\square No (do not proceed)	
3) Does the Fire Watch have a way to activate the alarm		□ Yes (<i>explain</i>) ^B		
4) Has the in-house Fire Brigade/Emergency Response T	eam been notified?		🗖 No (explain) ^c	🗆 N/A
5) Has the Public Fire Department been notified?		🗆 Yes	□ No (explain) ^D	
6) Hydrant connected to sprinkler riser?		🗆 Yes	□ No	🗆 N/A
7) Is alternative extinguishing equipment properly static	oned?	□ Yes (<i>explain</i>) ^E	□ No (<i>do not proceed</i>)	
(extinguishers and/or charged small hoses)		_	_	
8) Are there spare sprinkler heads or pipe plugs readily		□ Yes	□ No (<i>explain</i>) ^F	
Are the impaired points tagged "out-of-service" in the	e field?	□ Yes	□ No (do not proceed)	
Explanations: A (If exception is noted, explain)				
В				
C				
D				
Ε				
F				
Section 2d	Other P	recautions		
Are there hazardous operations in the impacted area?		□ Yes	□ No	
What hazardous operations must be suspended?				
What hazardous operations are permitted to continue ar	d what controls are	in place?		
What non-hazardous work tasks are permitted to continu	ue during impairmen	t?		
Section 3	Authorization an	d Acceptance		
PTW Supervisor/Subject Matter Expert (SME) or Author	ized Designee	•		
I give authorization for the described work to proceed pe to work are controlled.	er the conditions of th	nis permit and I am	satisfied that all the hazards a	ssociated with this permit
I have notified Facilities & EHS to open an impairment (re	equired for all Fire Su ation System Impairr		nd Fire Detection System Impa No (do not proceed, c	
Name & company: Phor	ne:	Signature		Date:
Additional requirements:				

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Section 3 (contin	ued)		Authorizatior	n and Acceptance			
further confirm that	I have explained t	the permit conditio	ons and control me	easures with the P	mation, tools and equ erson(s) Carrying Out form the work as defii	the Work and have	
Name & Company:		Phor	ne:	Signature		Da	te:
I acknowledge that the person working on the	he permit conditione job must sign.	ions have been expl	lained to me and l	by virtue of my sign	no extra signature req nature I commit to ad cedure (Safe Plan of A	therence of the perr	
Name & Company:		Phone:		Signature		Date	& Time:
Section 4			Hand Over	(Start of Work)			
 will be controlled. If from proceeding. Ig I have informed I have informed 	have checked the	e area(s)/system(s) v n for the described v em owners n Owners	where the work w work to proceed a Yes NA Yes NA Yes NA Yes NA	vill be performed a as per the conditior A A	ons are completed an nd I have not observe ns of this permit.	ed issues which shou	
Section 5			Hand Back	(End of Work)			
Person in Charge				· · ·	n left in a safe, clean a Date:	and tidy condition	
	igh in place inspected in the second se	ection, that the activ lean and tidy condit		with this permit hav	ve been completed, al been returned to sen Date:		
			····				
		mpairment (require	ed for all Fire Supplication System Im		d Fire Detection Syster □ No (do not pro	oceed, contact Facili	i ties) tte:
I have notified Facilit E Name & Company:	ties to close the in	mpairment <i>(require</i> No, Notifi Phor	ed for all Fire Supplication System Im ne:	pairment Signature		oceed, contact Facili Da	-
I have notified Facilit Name & Company: Section 6	ties to close the in ∃ Yes	mpairment (<i>require</i>	ed for all Fire Supplication System Im ne:	pairment Signature	□ No (do not pro	oceed, contact Facili Da	te:
I have notified Facilit E Name & Company:	ties to close the in ⊐ Yes	mpairment <i>(require</i> No, Notifi Phor	ed for all Fire Supplication System Im ne: Extension	pairment Signature	□ No <i>(do not pro</i>	oceed, contact Facili Da	se
I have notified Facilit Name & Company: Section 6 Extension Until (Date & time)	ties to close the in ⊐ Yes Facilities Notified?	mpairment (require No, Notifi Phor Super./SME or	ed for all Fire Supp. Fication System Im ne: Extensior	n of Validity	□ No (do not pro	oceed, contact Facili Da	te:
I have notified Facilit Name & Company: Section 6 Extension Until (Date & time) Max. 1 month per	Facilities	mpairment (require No, Notifi Phor Super./SME or Authorized Desig	ed for all Fire Supplication System Im ne: Extension	n of Validity Area/ System	□ No <i>(do not pro</i>	pceed, contact Facili Da Person in Charg	se
I have notified Facilit Name & Company: Section 6 Extension Until (Date & time) Max. 1 month per extension	Facilities Notified?	mpairment (require No, Notifi Phor Super./SME or Authorized Desig	ed for all Fire Supplication System Im ne: Extension	n of Validity Area/ System	□ No <i>(do not pro</i>	pceed, contact Facili Da Person in Charg	se

THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA. UPON JOB COMPLETION THIS SIGNED PERMIT MUST BE MAINTAINED FOR 24 MONTHS.