Fire Alarm Bypass Request

General Information - Please read before proceeding

All requests must be submitted a minimum of **48 hours** prior to the date required, during the business hours of **7:00AM-4:00PM, Monday through Friday, excluding holidays**.

Requests made with less than 48 hours notice must be approved by the Maintenance Superintendent.

Work can not start without having received confirmation from Edmonton Airports' Facilities Maintenance staff.

There may be times when requests can not be completed due to emergency maintenance events. Applicants will be contacted in order to reschedule their requested shutdown.

The Contractor (person on site at the time of date of request) is responsible for advising the Facilities Maintenance Superintendent of completion of completion of work or cancellation of the bypass request. Please send all information, including details of this request to the Facilities Maintenance Superintendent for completion or cancellation of this request.

Applicant is responsible for any *Hot Works Permits* or *Fire Watch* requirements. Contact EA Emergency Response Services at 780-890-8342 for more details.

It is the responsibility of the Contractor to maintain a fire watch for the duration of the bypass.

Facilities Maintenance Contact Phone Number: 780-913-5940

I have read and acknowledge the above information/requirements: ◯ Yes ◯ No

Reason for shutdown:

Are you modifying or impairing the sprinkler system: ◯ Yes ◯ No

Notice of Impairment Required

Sprinkler or Valve Number:

Will the sprinkler system be fully restored at the end time indicated above? ◯ Yes ◯ No

If no, what system will be off line?

For how long?

Please provide additional explanation:

Applicant Information

Date of Request:

Project Manager:

Cell Phone:

Email:

Contracting Company:

Contact Name*:

Contact email:

Cell Phone:

*must be available at the time of the bypass, otherwise the bypass will not be completed

Location of Work

Airport:

Building Name:

Room Number:

Gridlines:

Other Landmark Information:

Fire Alarm Zone or Valve Number:

Bypass Dates Requested**:

Date of Bypass: End Date:

Start Time: End Time:

**Bypass requests that span more than 7 working days will require a second application for the time period starting on the 8th day.

Date of Bypass: End Date:

Start Time: End Time:

Date of Bypass: End Date:

Start Time: End Time:

Date of Bypass: End Date:

Start Time: End Time:

Date of Bypass: End Date:

Start Time: End Time:

Bypass Dates Requested**:
Date of Bypass:
Start Time:

End Date:
End Time:

Date of Bypass:
Start Time:

End Date:
End Time::

Submit Form

Please download a copy of the form to your computer first in order to submit electronically through this button.

A notice confirming the receipt of your application will be sent within 24 hours (one business day).

Please contact techserv@flyeia.com for problems submitting.
Please contact mcentre@flyeia.com for application status.