FIRE PROTECTION SYSTEM SHUTDOWN REQUEST

(Notice of Impairment)

Request Date: 06/12/2026

EA Reference:

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 Edmonton Airports' Engineering department.

Work cannot start without having received confirmation from Edmonton Airports' Engineering staff.

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

The Applicant is responsible for any *Hot Work Permit* or *Fire Watch* requirements during the duration of the shutdown. A *Hot Work Permit* is required whenever work will involve welding, open flames, fueled heaters, or spark producing activities such as grinding. Contact EA Emergency Response Services at 780-890-8342 for more details.

The Contractor must cover fire alarm detectors if they will be doing any work that will create dust.

REQUEST DETAILS

Project Name:	Airport: YEG
Project Number:	Shut Down Date:
FAP Number:	Shut Down Duration:
Shutdown Requested By: Company Name	Contractor Conducting Shutdown: Company Name
Name:	Name:
Phone Number:	Phone Number:

Email:

When Work is the Result of an Emergency Situation, Please Click Here ☐

Have you read Edmonton Airports' Notice of Impairment (NOI) Procedure (click here for link) located on the construction page of flyeia.com? ○ Yes ○ No

For Emergency Work Only

When did the emergency work occur?

Who was notified (provide name and position):

Provide the date that emergency work was completed:

Please complete the remainder of the form

Provide the name of your Edmonton Airports' contact or project manager overseeing this work:

What Fire Protection Systems Are Planned to be Impaired?

☐ Water Reservoir

Provide details

☐ Water Mains

Provide name of main or branch valves to be isolated

☐ Fire Pumps

Provide fire pump number

☐ Fire Pump Control or Communication System

Provide details

☐ Jockey Pump

Provide jockey pump number

☐ Fire Hydrants

Provide numbers of hydrants to be isolated

☐ Specialized Fire Protections System (e.g. CO2, foam, dry chemical, etc.)

Name the system here

☐ Fire Hose Cabinet

Provide cabinets number(s) here

☐ Sprinkler or Standpipe System

Valve No. To Be Isolated:*

*must be provided or request will not be processed

Building:*

Zone or Area Affected:*

Valve Isolation By:

System Draining By:

Valve Restoration By:

System Refilling By:

○ ○ ○ ○

Attach Drawing/Work plan If Required to email:

☐ Other

*If the names of any devices are unknown, please provide a drawing indicating the item's location.

Item Name

Comments/Additional Details:

Have you applied for a fire alarm bypass form?

○ Yes ○ No

YOU ARE REQUIRED TO COMPLETE A FIRE ALARM BYPASS FORM*
APPROVAL OF THIS REQUEST MAY BE SUBJECT TO THE BYPASS BEING COMPLETED

Save Form Please save a copy of the form to your computer prior to submitting the form

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

For problems submitting, please contact Technical Services at 780-890-6763.

For questions regarding your
application status, please contact Technical Services at techserv@flyeia.com

Submit