



Insurance

Risk Management, Portland, OR

Property Protection Program (3P) 06/25/15

RED TAG PERMIT SYSTEM

Information about the FM Global Red Tag Permit System is provided below. Elements of this system can be used to develop property specific procedures for managing risk associated with scheduled and unscheduled fire alarm and sprinkler system impairments. A valid, authorized, *Red Tag Permit* is required for each project with a fire alarm or sprinkler impairment performed by City of Portland personnel, contractors or their subcontractors. If the impairment is a scheduled, routine maintenance, the City facilities lead is responsible to ensure that all red tag permit requirements are satisfied.

Free online training is available from FM Global at <https://fmglobaltraining.skillport.com> (registration is required).

General information

When planning an impairment and before initiating the permit, follow these steps

- Plan to use temporary protection such as extra fire extinguishers or charged hose lines.
- Notify the local fire department so they can handle any potential emergency.
- During the impairment shut down hazardous processes and restrict all hot work operations.
- Ensure all City employees, contractors, and subcontractors have been properly trained in the Red Tag Permit System.

Using the Wall Kit

A wall kit containing the red tag permits should be posted in plain view in the sprinkler control room.

- Affix the red and white decals to all fire protection equipment to alert everyone that authorization is necessary prior to shutting off fire protection equipment.
- Fill in vital information to display on the wall kit. Provide telephone numbers for the fire department, Alarm Company, and Water Bureau contacts, as applicable.
- Inform employees that the red tag permit system is in effect.

Work Instructions

Work instructions as noted below are separated into three parts: tasks conducted before the impairment, during the impairment, and after the impairment.

Before Impairment - Part 1 (see Figure 1)

- Check the boxes indicating all the precautions taken.
- Fill-in the information boxes for Part 1
 - Index Number XXXXX.XX
 - COMPANY NAME
 - LOCATION
 - Sprinkler Valve Location/Number
 - Check type of system
 - Name the area with the impaired system
 - Reason for the impairment
 - Planned date/time to be closed
 - Planned date/time to be opened
- The responsible supervisor must notify FM Global by phone (888-201-8943) about the impairment. Alternatively, a copy of the red tag permit can be faxed (800-736-5564) to FM Global or reported online at <http://www.fmglobal.com/redetag/default.aspx>.
- The responsible supervisor must notify the local fire department at (XXX-XXX-XXXX).
- The responsible supervisor must notify the alarm monitoring company at (XXX-XXX-XXXX).
- The responsible supervisor then signs the tag to document the impairment and removes Part 1 for his/her records.

Figure 1

RED TAG PERMIT	
CONTROL NUMBER 3094229	INDEX NUMBER
PRECAUTIONS TAKEN (CHECK AS APPROPRIATE)	
<input type="checkbox"/> Emergency Organization Notified	<input type="checkbox"/> Continuous Work Authorized
<input type="checkbox"/> Public Fire Department Notified	<input type="checkbox"/> Dangling Period of Area
<input type="checkbox"/> Hazardous Operations Stopped	<input type="checkbox"/> Hydrant Connected to Sprinkler Blows
<input type="checkbox"/> Hot Work Prohibited	<input type="checkbox"/> Pipe Plugs on Hand
<input type="checkbox"/> Smoking Restricted	<input type="checkbox"/> Fire Hoses Laid Out
<input type="checkbox"/> Other _____	
INSURED NAME	
INSURED LOCATION (City, State/Province)	
INSURED PHONE NO.	INSURED FAX NO.
CHECK IF <input type="checkbox"/> SPRINKLER <input type="checkbox"/> FIRE PUMP <input type="checkbox"/> CO ₂ <input type="checkbox"/> HALON <input type="checkbox"/> OTHER	SPRINKLER VALVE LOCATION/NUMBER AREA PROTECTED
REASON FOR IMPAIRMENT	
PLANNED DATE/TIME TO BE CLOSED	
PLANNED DATE/TIME TO BE OPEN	
NAME/TITLE OF RESPONSIBLE PERSON (PRINT)	
AUTHORIZED BY (PRINT NAME)	FIRE PROTECTION EQUIPMENT OPERATOR (PRINT NAME)
PART 1 INSTRUCTIONS	
Firesafety Supervisor: Fill out using ball-point pen, sign and issue permit as follows:	
Phone Part 1 information or fax this part to the FM Global number listed on the Red Tag Permit Wall Kit.	
Place Part 2 in center pocket of Wall Kit as visual reminder of impairment. Issue Part 3 (Red Tag) to Fire Protection Equipment Operator to attach to impaired equipment.	
	RED TAG PERMIT Part 1 of 3
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During Impairment - Part 2 (see Figure 2)

- Record the date, time and the number of turns needed to close the valve on Part 2.
- Attach Part 3 to the shut valve.
- Remove and place Part 2 in the During Impairment (center) pocket of the wall kit as a reminder of the impairment.
- Attach the Fire Department Connection Tag (see Figure 4) to the Fire Department Connection.

Figure 2

OUT OF SERVICE		
CONTROL NUMBER 3094229		INDEX NUMBER
PRECAUTIONS TAKEN (CHECK AS APPROPRIATE)		
<input type="checkbox"/> Emergency Organization Notified	<input type="checkbox"/> Continuous Work Authorized	
<input type="checkbox"/> Public Fire Department Notified	<input type="checkbox"/> Ongoing Patrol of Area	
<input type="checkbox"/> Hazardous Operations Stopped	<input type="checkbox"/> Hydrant Connected to Sprinkler Riser	
<input type="checkbox"/> Hot Work Prohibited	<input type="checkbox"/> Pipe Plugs on Hand	
<input type="checkbox"/> Smoking Restricted	<input type="checkbox"/> Fire Hoses Laid Out	
<input type="checkbox"/> Other _____		
INSURED NAME		
INSURED LOCATION (City, State/Province)		
INSURED PHONE NO.		INSURED FAX NO.
CHECK IF	SPRINKLER VALVE LOCATION/NUMBER	
<input type="checkbox"/> SPRINKLER		
<input type="checkbox"/> FIRE PUMP		
<input type="checkbox"/> CO ₂	AREA PROTECTED	
<input type="checkbox"/> HALON		
<input type="checkbox"/> OTHER		
REASON FOR IMPAIRMENT		
PLANNED DATE/TIME TO BE CLOSED	ACTUAL DATE/TIME CLOSED	
PLANNED DATE/TIME TO BE OPEN	ACTUAL DATE/TIME OPEN	
NO. OF TURNS TO CLOSE	NO. TURNS TO OPEN	2 in. DRAIN TEST PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME/TITLE OF RESPONSIBLE PERSON (PRINT)		
AUTHORIZED BY (PRINT NAME)		
PART 2 INSTRUCTIONS		
Firesafety Supervisor: Place in center pocket of Red Tag Permit Wall Kit as a visual reminder of present impairment.		
When fire protection is restored and Red Tag is returned by Fire Protection Equipment Operator, transfer information needed to this part and phone the information or fax this part to the FM Global number listed on Wall Kit.		
Please send more permits. Quantity if needed: _____		
Mail to (Name): _____		
(Address): _____		

 RED TAG PERMIT Part 2 of 3		

After the Impairment - Part 3 (see Figure 3)

- Record the date, time, and the number of turns needed to open the valve on Part 3.
- Promptly restore fire protection equipment to automatic service.
- If sprinkler protection was impaired, conduct a 2-inch drain test at the sprinkler riser and compare the results to previous 2-inch drain tests to ensure the results are satisfactory.
- Lock sprinkler control valves in the wide-open position.
- Reset the alarm system immediately and notify the alarm monitoring company.
- Notify the local fire department that the fire protection is restored.
- Notify FM Global that the fire protection is restored.
- Collect Parts 2 and 3, staple them together and place them in the After Impairment (right) pocket of the wall kit.
- Collect the Fire Department Connection Tag and place in the Before Impairment (left) pocket of the wall kit for the next impairment.

Figure 3

FIRE PROTECTION OUT OF SERVICE	
CONTROL NUMBER 3094229	INDEX NUMBER
PRECAUTIONS TAKEN (CHECK AS APPROPRIATE)	
<input type="checkbox"/> Emergency Organization Notified	<input type="checkbox"/> Continuous Work Authorized
<input type="checkbox"/> Public Fire Department Notified	<input type="checkbox"/> Ongoing Patrol of Area
<input type="checkbox"/> Hazardous Operations Stopped	<input type="checkbox"/> Hydrant Connected to Sprinkler Riser
<input type="checkbox"/> Hot Work Prohibited	<input type="checkbox"/> Pipe Plugs on Hand
<input type="checkbox"/> Smoking Restricted	<input type="checkbox"/> Fire Hoses Laid Out
<input type="checkbox"/> Other	
[REDACTED]	
CHECK IF	SPRINKLER VALVE LOCATION/NUMBER
<input type="checkbox"/> SPRINKLER	
<input type="checkbox"/> FIRE PUMP	
<input type="checkbox"/> CO ₂	AREA PROTECTED
<input type="checkbox"/> HALON	
<input type="checkbox"/> OTHER	
REASON FOR IMPAIRMENT	
PLANNED DATE/TIME TO BE CLOSED	ACTUAL DATE/TIME CLOSED
PLANNED DATE/TIME TO BE OPEN	ACTUAL DATE/TIME OPEN
NO. OF TURNS TO CLOSE	NO. TURNS TO OPEN
	2 in. DRAIN TEST PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME/TITLE OF RESPONSIBLE PERSON (PRINT)	
AUTHORIZED BY (Signature)	FIRE PROTECTION EQUIPMENT OPERATOR (Signature)
PART 3 INSTRUCTIONS	
Fire Protection Equipment Operator: Write the date, time and number of turns needed to close the sprinkler control valve and fasten the Red Tag to the shut valve.	
When the impairment is over reopen the valve.	
Perform a 2 in. drain test. Write the reopening information on this Red Tag and return it to the Firesafety Supervisor.	
If equipment is other than sprinklers, return equipment to automatic service when the impairment is over.	
Firesafety Supervisor: Retain this copy in your Wall Kit or other permanent file when impairment is over.	
 RED TAG PERMIT Part 3 of 3	

Figure 4

