

Section 2c **Suppression System Details**

Complete this section if a suppression system is being impaired. If not applicable, check this box: N/A

Area/equipment/process protected by suppression system:

Interior Isolation Point? (Complete if applicable) Riser#:..... Building:..... Room #:.....
No. Turns to Close:..... No. Turns to Open:.....

Outside Perimeter? (Complete if applicable) Hydrant Post Indicator Valve Wall Post Indicator Valve Gate Valve Curb Box Valve

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 applies)

Nature of Impairment: Single Point Localized Area Multiple Areas Entire System

- 1) Has Hot Work and Live Electrical Work in the area been suspended? Yes No (do not proceed, see TSS for exceptions)^A
- 2) Is a Fire Watch continuously patrolling the area? Yes No (do not proceed)
- 3) Does the Fire Watch have a way to activate the alarm? Yes (explain)^B No (do not proceed)
- 4) Has the in-house Fire Brigade/Emergency Response Team been notified? Yes 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 stationed? Yes (explain)^E No (do not proceed)
(extinguishers and/or charged small hoses)
- 8) Are there spare sprinkler heads or pipe plugs readily available? Yes No (explain)^F
- 9) Are the impaired points tagged "out-of-service" in the field? Yes No (do not proceed)

Explanations: ^A (If exception is noted, explain)

^B

^C

^D

^E

^F

Section 2d **Other Precautions**

Are there hazardous operations in the impacted area? Yes No

What hazardous operations must be suspended?

What hazardous operations are permitted to continue and what controls are in place?

What non-hazardous work tasks are permitted to continue during impairment?

Section 3 **Authorization and Acceptance**

PTW Supervisor/Subject Matter Expert (SME) or Authorized Designee

I give authorization for the described work to proceed per the conditions of this permit and I am satisfied that all the hazards associated with this permit to work are controlled.

I have notified Facilities & EHS to open an impairment (required for all Fire Suppression System and Fire Detection System Impairments)?

Yes No, Notification System Impairment No (do not proceed, contact Facilities)

Name & company: Phone: Signature: Date:

Additional requirements:

Section 3 (continued) Authorization and Acceptance

Person in Charge

I confirm that Person(s) Carrying Out the Work have the appropriate skills, knowledge, information, tools and equipment to perform the work safely. I further confirm that I have explained the permit conditions and control measures with the Person(s) Carrying Out the Work and have ensured these person(s) have received site orientation and general emergency procedures. It is safe to perform the work as defined above.

Name & Company: Phone: Signature Date:

Person Carrying Out The Work Person in Charge is sole Person Carrying Out The Work (no extra signature required)

I acknowledge that the permit conditions have been explained to me and by virtue of my signature I commit to adherence of the permit conditions. Each person working on the job must sign.

Persons Carrying Out The Work have signed on the documented risk control procedure (Safe Plan of Action) (check if applicable)

Name & Company: Phone: Signature Date & Time:

Section 4 Hand Over (Start of Work)

Area Owner

I have reviewed the plan(s) to complete the described work and I am satisfied that all isolations are completed and the hazards associated with this work will be controlled. I have checked the area(s)/system(s) where the work will be performed and I have not observed issues which should prevent the work from proceeding. I give authorization for the described work to proceed as per the conditions of this permit.

- I have informed all affected System owners Yes NA
- I have informed all affected Area Owners Yes NA
- I have informed all affected Employees Yes NA

Name & Company: Phone: Signature Date:

Section 5 Hand Back (End of Work)

Person in Charge

All activities associated with this permit to work have been completed and the area has been left in a safe, clean and tidy condition

Name and Company: Signature Date:

Area Owner

I have verified, through in place inspection, that the activities associated with this permit have been completed, all appropriate isolations are removed and the area has been left in a safe, clean and tidy condition. All impaired fire systems have been returned to service.

Name and Company: Signature Date:

Supervisor/Subject Matter Expert or Authorized Designee

I have notified Facilities to close the impairment (required for all Fire Suppression System and Fire Detection System Impairments)?

- Yes No, Notification System Impairment No (do not proceed, contact Facilities)

Name & Company: Phone: Signature Date:

Section 6 Extension of Validity

Extension Until (Date & time) <i>Max. 1 month per extension</i>	Facilities Notified?	Super./SME or Authorized Designee	Area/ System owner	Person in Charge
		Name: Signature:	Name: Signature:	Name: Signature:
.....	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
.....	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
.....	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

Nothing in this Permit shall cause the Owner (Viasat Inc.) to assume responsibility for any of the legal obligations of the Contractor performing the work under applicable laws or the requirements of the Agreement governing the work.

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