

Form 7 – Fire Protection System Bypass Permit

TMU Representative Information

TMU/PMO (Name):	Telephone:
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Employee Information

Contractor or TMU Department (FMD, CCS, etc.):	
Principle Contact:	Telephone:
Email:	Date:

Individual Performing the Bypass

Name:	Telephone:
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Bypass Information

Building Being Impacted:	
Duration Dates From: To:	Time From: To:
Brief Description of Work (Including impact to life safety systems):	

Individual Performing the Bypass

☐ Fire Alarm ☐ Sprinkler ☐ Standpipe ☐ Fire Pump ☐ Emergency Power ☐ Emergency Lighting

☐ Other

Area of Bypass	
Full Building	Floor(s)
Area	Room Number(s)

Level of Fire Alarm Bypass		
☐ Few Devices within a Room or Limited Area	☐ All Devices on a Floor or Large Area	
☐ All Devices within the Building	☐ Only the Signalling Devices	☐ N/A

Fire Alarm Monitoring Bypass Requirements			
☐ Alarm	☐ Trouble	☐ Supervisory	☐ N/A

Fire Watch Requirements			
☐ Floor Patrol	☐ Room/Area Patrol	☐ Fire Alarm Panel Monitoring	☐ N/A

Performing Fire Watch			
☐ Contractor	☐ FMD	☐ TMU Security	☐ N/A

TMU FACILITIES MANAGEMENT & DEVELOPMENT CLEARANCE & APPROVAL	
Project Manager: (if applicable)	Date:
Maintenance & Operations:	Date:
Project No. & Name: (if applicable)	

Cost Centre:	PO:
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Note:

- Permits submitted for a 24-hour duration will be approved for a 12-hour duration.
- Bypass initiations and restores are not transferable.
- FMD and Security services are to be charged back to the project.
- Contractors may not use any other security services other than TMU Security.
- Approved Form 7 must be submitted to Security prior to implementation.