TECHNISCHE UNIVERSITÄT DRESDEN

To
Directorate Facility Management
Unit Technical Facility Management
Building Automation Group, Hazard Alarm Systems
Department
Email: tgm@tu-dresden.de

Request to deactivate fire detectors

(The request must be submitted at least **2 working days** prior to the required deactivation).

Building (facility) / floor: | | | **Room no.:** |

Detector number(s), Detector group(s):

Please note: We can only activate and deactivate the detectors during office hours (Monday to Friday from 7:15 am to 3:30 pm)!

Deactivation on: | | **Time:** |

Re-activation on: | | **Time:** |

Reason for the deactivation:

(e.g. cutting, grinding, welding, soldering activities)

Applicant:

| Name: | Mobile phone: |
| Company / Organizational unit: | |

In case of deactivations that extend beyond the working hours or a full working day, the client (SIB or Directorate 4) must define the type and scope of compensation measures.

| Compensation measures: | Signature of the client (SIB or Directorate 4) |

Please note:
When working in the vicinity of linear detectors (e.g. in halls when using cranes, lifting platforms and scaffolding), you need to submit a deactivation request in advance.
If the activities involve the risk of generating dust, smoke, steam or mist, or the use of naked flames, the person submitting the request must protect the affected fire detectors during the deactivation period (e.g. by using protective caps). Upon completion of the deactivation period, the applicant must remove this protection.
During the requested deactivation period, the applicant must ensure that the affected rooms are monitored. You need to take additional fire protection precautions, as there is no automatic notification at that time. Moreover, the applicant must take measures to keep the deactivation period and thus the duration during which the area is not monitored as short as possible.

Please note: Immediately before the start of the activities, the applicant is obliged to call +49 351 463-34651 to confirm the requested deactivation!

The decision on the deactivation request should be sent

_   _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Stamp / Signature of the applicant   Request date

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Decision on the request: *(Will be completed by Directorate 4)*

[ ] The deactivation request **is** granted.   [ ] The deactivation request is **not** granted.

Note(s):

Date: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _   Signature: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

As of: February 5, 2024