**Assumption of firefighting responsibility**

Location (building, room, floor, sector):………………………………………………

Shutdown date: ……………Time: …………………………………………..

Est. reset date …………………. Time: ………………………………

**Fire alarm shutdowns during normal working hours**

* The Head of Building for Operation Technicians at Akademiska Hus must be notified in advance of fire alarm shutdowns.
* Responsibility for fire protection in the shut-off sector is the person who invokes the shutdown or the delegated person named by them.
* Before the fire alarm installation is deprogrammed, it must also be checked that the staff involved has documented fire protection training and training certificates issued.
* In the event of a false alarm that results in turnout costs, this will be charged to the person who ordered the shutdown.

**Fire alarm shutdowns on evenings and weekends**

* Responsibility for fire protection in the shut-off sector is the person who invokes the shutdown or the delegated person named by them.
* Before deprogramming the fire alarm, the person responsible must contact the fire authorities for approval.
* The fire authorities inform them of measures that must be taken, such as fire guards and so on.
* The time for fire alarm shutdowns must be reported in advance or **at the latest 3 days beforehand** to the head of building, who reports this to the security company that administers the building in order to carry out the deprogramming and the reactivation.
* The security company costs will be paid for by the person who ordered the shutdown.
* In the event of a false alarm that results in turnout costs, this will be charged to the person who ordered the shutdown.

I have acquainted myself with the points above and hereby assume the property owner’s responsibility that falls to Akademiska Hus Norr AB relating to the section(s) where deprogramming has been requested.

Umeå, ……………………………… (Day, month, year)

……………………………………………………………………… (Name)

……………………………………………………………………… (Name in print)

Akademiska Hus has informed the above person what the points above entail.

Umeå, ……………………………… (Day, month, year)

……………………………………………………………………… (Name)

……………………………………………………………………… (Name in print)