

Fire Protection Impairment Permit

Requestor (Employee):	Requestor Phone Number:		Today's Date:
Building Name:		Location / Room #:	
Building Name.		Location / Room #.	
Contractor / Organization / Name:		Cell Phone #:	
Reason for Impairment:		Work Order Number:	
reason of impairment.		Work Order Number.	
Requested Date of Impairment:		Requested Time of Impairment:	
Requested Date System Restored:		Requested Time System Restored:	
Fire Protection System Impaired (Check all that apply):			
☐ Standpipe and Hose System	☐ Detection System ☐ Underground piping & control valves ☐ Special Suppression Systems		☐ Automatic Sprinkler System ☐ Fire Pumps ☐ Other
Comments:			
Authorized Signature:			Date
Required Impairment Checklist:			
☐ Hot Work Permit (If required) ☐	□ Notified UNCPD Comm. Center □ Notified BAS □ Remove Fire Alarm / Devices □ Lockout/Tagout Reviewed □ Hazardous Operations Stopped		
Actual Start Date: Time	Time: End Date:		Time:
Person(s) Performing Work (Print Names):			
Required Restoration Checklist:			
□ Notified EHS □ Remove Fire Impairment Permit □ Activate Fire Alarm / Devices □ Notified UNCPD Comm. Center □ Notified BAS □ Building Coordinator □ All mechanical devices in service (locked back in proper position)			

PLACE PERMIT ON FIRE PANEL DURING IMPAIRMENT

SEND COMPLETED FORMS TO ENVIRONMENTAL HEALTH & SAFETY DEPT.