



Fire Protection Impairment Permit

Requestor (Employee):	Requestor Phone Number:	Today's Date:
Building Name:	Location / Room #:	
Contractor / Organization / Name:	Cell Phone #:	

Reason for 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):

<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Detection System	<input type="checkbox"/> Automatic Sprinkler System
<input type="checkbox"/> Standpipe and Hose System	<input type="checkbox"/> Underground piping & control valves	<input type="checkbox"/> Fire Pumps
<input type="checkbox"/> Water Supply	<input type="checkbox"/> Special Suppression Systems	

Comments:

Authorized Signature:	Date:
-----------------------	-------

Required Impairment Checklist:

<input type="checkbox"/> Notified EHS	<input type="checkbox"/> Notified UNCPD Comm. Center	<input type="checkbox"/> Notified BAS
<input type="checkbox"/> Hot Work Permit (If required)	<input type="checkbox"/> Fire Watch Established	<input type="checkbox"/> Remove Fire Alarm / Devices
<input type="checkbox"/> Impairment Permit Posted (in all required locations)		<input type="checkbox"/> Hazardous Operations Stopped
<input type="checkbox"/> Lockout / Tagout Reviewed		

Actual Start Date: _____ Time: _____ End Date: _____ Time: _____

Person(s) Performing Work (Print Names): _____

Required Restoration Checklist:

<input type="checkbox"/> Notified EHS	<input type="checkbox"/> Notified UNCPD Comm. Center	<input type="checkbox"/> Notified BAS
<input type="checkbox"/> Remove Fire Impairment Permit	<input type="checkbox"/> All mechanical devices in service (locked back in proper position)	
<input type="checkbox"/> Activate Fire Alarm / Devices	<input type="checkbox"/> Activate Fire Alarm / Devices	

SEND COMPLETED FORMS TO ENVIRONMENTAL HEALTH & SAFETY DEPT.