

FIRE PROTECTION SYSTEM IMPAIRMENT

LOCATION: _____

REQUESTER: Name: _____

Company/Department: _____

Phone Number: _____

IMPAIRMENT DESCRIPTION

System to be Shutdown (please indicate by placing an 'x' in the box)

☐ Automatic Sprinkler System

☐ Fire Hydrant

☐ Alarm System

☐ Fire Main

☐ Other (CO², Halon, etc.) Comments: _____

Reason for Impairment: _____

Area Affected: _____

Start Time: _____ Date: _____

Estimated Duration: Days _____ Hours _____

Precautions being followed: (Please indicate by placing an 'x' in the box)

☐ Use shut off tag

☐ Notify Fire Department

☐ Notify department heads

☐ Notify Alarm Company

☐ Cease all hazardous operations

☐ Work to be continuous

☐ Hose / extinguisher available

☐ Additional watchman
surveillance

☐ Ban welding / cutting / hotwork

☐ Emergency connection planned

☐ No Smoking

☐ Fire Watch

☐ Other (Please Specify) _____

Requester's Signature: _____

YSU Police Signature: _____

Impairment Coordinator's Signature: _____

Time Restored: _____ ☐ AM ☐ PM Date: _____