

# Fire Protection Impairment Notification

It's important to take appropriate steps to safeguard your business while your fire protection systems are impaired for any reason (e.g. maintenance). When your fire protection systems will be impaired for more than 8 consecutive hours, please complete this form and email it to your insurance broker.

**Note: Stop all hot work and hazardous processes before impairing protection.**

Client name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Building name: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Contact job title: \_\_\_\_\_  
Contact email: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Precautions taken

Please check off all applicable precautions that have been taken while the systems are impaired.

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency Response Team notified | <input type="checkbox"/> Impaired area continually patrolled |
| <input type="checkbox"/> Local fire department notified   | <input type="checkbox"/> Fire hose laid out and charged      |
| <input type="checkbox"/> Hot work prohibited              | <input type="checkbox"/> Hazardous processes stopped         |
| <input type="checkbox"/> Smoking prohibited               | <input type="checkbox"/> Other                               |

Additional Precautions taken or notes:

## Protection out of service

Systems impaired:      Sprinklers      Fire pump      Fixed extinguishing systems  
                                 Hydrants      Fire alarm system

Description of impairment: \_\_\_\_\_

Reason for impairment:

Impairment start date: \_\_\_\_\_ Impairment start time: \_\_\_\_\_

Impairment end date: \_\_\_\_\_ Impairment end time: \_\_\_\_\_

**Please complete the form and immediately email it to your insurance broker**

Date/Time a.m./p.m.: \_\_\_\_\_

Sender name (please print): \_\_\_\_\_

Authorized signature (if sending by email the signature will be implied) \_\_\_\_\_