

**FIRE MARSHAL'S OFFICE
SYSTEM IMPAIRMENT REQUEST FORM**

E-MAIL TO: firesystemimpairment@dfwairport.com

*****REQUESTS ACCEPTED MONDAY-FRIDAY (NORMAL BUSINESS HOURS ONLY)***
Minimum of 10 business days notice required in advance of impairment**

Business Name: Location:		Request Date/Time:
Fire System Name / Number		Impairment Start Date and Time:
Requested By:		
Contact Name:	System Type:	
Contact Phone	Reason for Impairment: Commission___ De-Commission___ Demo ___ Test ___ Service ___ Maintenance ___ Other___	

FIRE/SECURITY SYSTEM IMPAIRMENT ACTIVITY REQUEST

Start Time	End Time	IMPAIRMENT AREA IMPACTED

NOTIFICATION GROUP

NO RESPONSE WITHIN 48 HRS OF NOTICE IMPLIES AGREEMENT

Agree	Object	Airport Board Stakeholders
		Asset Management
		ITS Life Safety
		Fire Marshal's Office
		IOC Bridge Managers
		TACCOM Supervisors
Yes	No	Approved for Impairment

Planned Test, Maintenance, Service Details or SIDA Protection: *(Completed by Requestor)*

Precautions to Be Taken due to Impairment: *(completed by Fire Prevention or Police Project Section and implemented by requestor)*

- | | |
|------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Notifications made and approved | <input type="checkbox"/> Hazardous Processes Ceased |
| <input type="checkbox"/> Hot Work Prohibited | <input type="checkbox"/> Smoking Prohibited |
| <input type="checkbox"/> Fire Watch Required | <input type="checkbox"/> Temporary Fire/SIDA Protection Requested |
| <input type="checkbox"/> Fire Alarm System Disabled | <input type="checkbox"/> Testing/Service/Maintenance - 11pm to 4am |
| <input type="checkbox"/> Security Systems(CCTV, SIDA, AOA) | <input type="checkbox"/> Elevator/Door# _____ |

Impairment = Test, service or maintain fire suppression, detection, control equipment, security systems (CCTV, SIDA, AOA, Alarms, Access Control, etc.) or any sub-system including elevators / doors that would impede normal performance or function as designed and approved. Please include location and elevator / door number. This includes permanent as well as temporary impairments due to construction or any other activities. **There is a 10-business day minimum notification period.**

FIRE PREVENTION / IMPAIRMENT COORDINATOR:

***IS COORDINATION WITH DPS COMPLETE? _____**