

Permit Number:

A fire protection impairment is any condition that affects the ability of a fire protection system to detect, control, or suppress a fire in the way it was designed. If fires occur when these systems are impaired, the results can be catastrophic, including loss of life, property damage, and extended business interruption. This permit should be utilized for any fire protection impairment, regardless of the reason or duration, and retained on file for auditing purposes.

SECTION A - Impairment Assessment

A.1. – Impairment Details

Impairment type	
System impaired	
Reason for impairment	
Affected area of protection	

A.2. – Work Details

Nature of work to be completed	
Work to be completed by	
Name of employee	
Name of contractor	
Work to commence on	
Work to be completed by	

A.3. – Precautions Checklist

<input type="checkbox"/>	Discontinue hazardous processes in area.
<input type="checkbox"/>	Remove all potential ignition sources.
<input type="checkbox"/>	Additional fire extinguishers provided.
<input type="checkbox"/>	Water hoses (if available) charged and ready.
<input type="checkbox"/>	Combustible materials in area removed or protected.
<input type="checkbox"/>	Continuous fire watch assigned to area.
<input type="checkbox"/>	Action taken to limit the extent of the impairment.
<input type="checkbox"/>	Action taken to expedite work involved
<input type="checkbox"/>	"Out of Service" tag posted at point of impairment.

A.4. – Impairment Notifications

<input type="checkbox"/>	Facility management
<input type="checkbox"/>	Fire department
<input type="checkbox"/>	Insurance company
<input type="checkbox"/>	Alarm monitoring company
<input type="checkbox"/>	Other:

A.5. – Sign-off by Impairment Coordinator (IC)

<input type="checkbox"/> I verify that all the above-references precautions have been implemented and that the necessary work is authorized to commence. All precautions must remain in place until this permit is completed in its entirety.	
IC name	
IC signature	
Date	

SECTION B - System Restoration

B.1. – Restoration Checklist

<input type="checkbox"/>	All necessary work completed.
<input type="checkbox"/>	System tested to confirm it is fully operational.
<input type="checkbox"/>	Parties selected in section A.4. notified of restoration.
<input type="checkbox"/>	"Out of Service" tag removed.

B.2. – Restoration Timing

System restored on	
System restored by	

B.3. – Sign-off by Impairment Coordinator (IC)

<input type="checkbox"/> I verify that the fire protection system has been tested and is now fully operational.	
IC name	
IC signature	
Date	

SECTION C Additional Notes

CAUTION

**FIRE PROTECTION SYSTEM
OUT OF SERVICE**

WATCH FOR FIRE

In case of emergency, call 911 and notify:

CONTACT	PHONE NUMBER

DO NOT REMOVE THIS TAG

Refer to the below referenced permit for further details.

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