

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

FAX TO (Fire): (972) 973-3453 or E-MAIL TO: firemarshal@dfwairport.com & kfuquay@dfwairport.com

*****REQUESTS ACCEPTED MONDAY-FRIDAY (NORMAL BUSINESS HOURS ONLY)*****

| | |
|-----------------------------|--------------------|
| Business Name: Location: | Request Date/Time: |
|-----------------------------|--------------------|

| | |
|--|---------------------------------|
| Fire/Security System Name / # Fire protection (sprinkler) | Impairment Start Date and Time: |
|--|---------------------------------|

Requested By:

| | |
|---------------|---------------------------------------|
| Contact Name: | System Type: Dry stand pipe sprinkler |
|---------------|---------------------------------------|

| | |
|---------------|---|
| 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 |
| | | DPS Police/Fire |
| | | Terminal Management |
| | | Airport Operations Center |
| 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)*

Notifications made and approved Hazardous Processes Ceased
 Hot Work Prohibited Smoking Prohibited
 Fire Watch Required Temporary Fire/SIDA Protection Requested
 Fire Alarm System Disabled Testing/Service/Maintenance - 11pm to 4am
 Security Systems(CCTV, SIDA, AOA) 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 48 hour minimum notification period.**

FIRE PREVENTION / IMPAIRMENT COORDINATOR:

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