



## FIRE ALARM/SPRINKLER SYSTEM IMPAIRMENT

This form is to be submitted **48 HOURS** prior to any work requiring impairment to the Fire Alarm or Sprinkler System. Impairments include disabling smoke and heat detection, closing sprinkler systems, draining sprinkler standpipes, etc.

**Any incomplete details may delay your scheduled work.**

NAME _____	LOCATION _____
COMPANY _____	CONTACT # _____
CONTRACTOR _____	BUILDING _____

START DATE ___ / ___ / ___ <small>(YY/MM/DD)</small>	END DATE ___ / ___ / ___ <small>(YY/MM/DD)</small>
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DAYS OF WORK  <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
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START TIME	END TIME
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TYPE OF WORK			
<input type="checkbox"/> Sprinkler Work	<input type="checkbox"/> Fire System Work	<input type="checkbox"/> Welding	<input type="checkbox"/> Soldering
<input type="checkbox"/> Cutting	<input type="checkbox"/> Drilling	<input type="checkbox"/> Coring	<input type="checkbox"/> Dust
<input type="checkbox"/> Spray Painting	<input type="checkbox"/> Other (Specify): _____		

TYPE OF IMPAIRMENT  <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Other (Specify): _____
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RELEVANT DETAILS (Include specific zones to be disabled, cards to be pulled, etc)

Requested by: _____  Name/Signature  Date: _____	Approved by: _____  <input type="checkbox"/> Fire watch req. during work <input type="checkbox"/> Fire watch req. 30 min after <input type="checkbox"/> Fire extinguisher required
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Notes / Other Precautions