



Complete and [email](#) the completed form when fire protection systems (sprinkler systems, fire detection system, gaseous agent fire suppression systems etc.) are impaired/isolated for more than 12 consecutive hours and will affect more than 10% of the complex/building. **A minimum of 48 hours' notice is required.**

Agency:	
Location/site address:	
Building name/description:	
Contact name:	
Contact job title:	
Email:	Phone:

Systems impaired:	Alarm connection	Alarm panel	Fire pumps
	Hydrants	Sprinklers	Smoke detectors
	Thermal detectors	Water supply	Other
	If other, explain		
Description of impairment			
Reason for impairment			
Impairment start date:		Impairment start time:	
Impairment end date:		Impairment end time:	

**Indicate the precautions taken below:**

Has the fire brigade been notified?	Yes	No
Have managers and/or supervisors in the area been notified?	Yes	No
Is the impaired area monitored by heat/smoke detection systems?	Yes	No
Are additional fire extinguishers available in the impaired area?	Yes	No
Is hydrant/hose reel system operational in the impaired area?	Yes	No
Are additional security patrols or a fire watch in place?	Yes	No
Have hazardous operations such as hot work been discontinued?	Yes	No
Will the system be reinstated at the end of each day?	Yes	No

**Additional precautions or comments:**

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**Attachments:**

1.
2.
3.