



# Fire Protection Impairment

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:

Attachments:

1.
2.
3.