

Fire Protection Impairment Authorization

Instructions

1. This form is to be used when work activities require the need to shutdown any part of a fire suppression, fire detection system or life safety system for more than 4 hours.
2. To request an impairment authorization, complete this form, obtain the necessary approval and contact Dispatch at 3-2088 to have GRC's Protection Systems Contractor notified. Provide this form to GRC's Protective Systems Contractor at the site where the impairment is to occur.
3. Upon completion of work each day, systems must be reactivated by contacting Dispatch at 3-2088. For extended impairments, an alternate method of protection shall be provided.
4. A Hot Work Authorization Permit form, C-7A, or Area Clearance Authorization form, C-978, may also be required.

DESCRIPTION OF WORK ACTIVITY AND SYSTEM IMPAIRMENT

BUILDING	LOCATION
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DESCRIPTION OF WORK ACTIVITY

SYSTEM
 SPRINKLER SYSTEM
 FIRE DETECTION DEVICE
 MANUAL PULL STATION
 GAS MONITORING SYSTEM

NUMBER OF DEVICES

LENGTH OF TIME SYSTEM WILL BE SHUTDOWN

FROM _____ DATE	TO	_____ DATE
FROM _____ TIME	TO	_____ TIME

REQUESTOR	DATE
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An Impairment Plan minimizes the duration and scope of a planned or emergency impairment of a fire protection system and provides for alternate protection. This information must be provided below and approved by the Authority Having Jurisdiction (AHJ) prior to the work activity.

IMPAIRMENT PLAN

APPROVED: AHJ SIGNATURE	DATE
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FOR DISTRIBUTION TO *(Please check all that apply and/or modify as necessary):*

- PROTECTIVE SERVICES SYSTEM MANAGER (3-5446)
- FIRE PROTECTION SYSTEM MANAGER (3-5432)
- FACILITY OR BUILDING MANAGER(S)
- AUTHORITY HAVING JURISDICTION (3-8822 or 3-2087)
- SHED FIRE PROTECTION COORDINATOR (3-3027)