

FIRE PROTECTION IMPAIRMENT PERMIT/APPLICATIONImpairment Location: _____
(include building name, floor(s) and room numbers)

Company Requesting Impairment: _____

Company Supervisor: _____ Phone #: _____

Fire Sentry or Fire Watch Name: _____ Phone # _____

Impairment Start Date: _____ and Time: _____

Impairment End Date: _____ and Time: _____

Will this be a re-occurring impairment? ____ Yes ____ No

If re-occurring, provide estimated duration of overall time frame for the final impairments: _____

Fire Protection System Impaired (Check all that apply):

____ Fire Alarm System ____ Detection System ____ Fire Pumps ____ Sprinkler System
____ Standpipe and Hose System ____ Underground Piping/Control Valves ____ Water Supply
____ Special Suppression Systems ____ Other (i.e., Exit blocked by construction)

Provide the Reason for the Impairment: _____

Comments: _____

THE FIRE WATCH/FIRE SENTRY SHALL HAVE THE FOLLOWING CONTACT INFORMATION AVAILABLE AT ALL TIMES DURING THE IMPAIRMENT AND IMMEDIATELY CONTACT THE NOTED PARTIES IN FIRE OR EMERGENCY EVENTS:

Campus Police Services	901-678-4357
Fire Department	911
Physical Plant	901-678-2699
Office of Facilities Development	901-844-0566
Office of Environmental Health and Safety	901-678-5700
UofM Electronics Shop	901-483-2633

(This section completed by Impairment Coordinator – This application becomes a valid permit upon IC Approval Signature being completed below))

UofM Impairment Coordinator: _____ IC Phone #: _____

IC Email: _____ IC Approval Signature & Date: _____

Impairment Level: ____ Level 1 - Significantly affecting occupant life safety. **Fire Watch Required**
____ Level 2 - Minimal impact to overall life safety of occupants. **Fire Sentry Required**

Comments: _____

POST PERMIT IN WORK AREA AFFECTED BY THE IMPAIRMENT, AND ON APPROPRIATE ALARM OR SPRINKLER PANEL DURING IMPAIRMENT. REMOVE POSTINGS UPON RESTORATION OF THE FIRE PROTECTION SYSTEM AND PROVIDE A WRITTEN EMAIL NOTICE TO THE IMPAIRMENT COORDINATOR AT THE EMAIL ADDRESS NOTED ABOVE.