



# FIRE PROTECTION IMPAIRMENT FORM

5200-1: REV. 4

Company \_\_\_\_\_ Subsidiary Name \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Impairment Tag #: \_\_\_\_\_ Fire System # \_\_\_\_\_ Lock Out/Tag Out # \_\_\_\_\_

### Precautions Taken *(Check as Appropriate)*

- |  |   |
|--|---|
| <input type="checkbox"/> Continuous Work Authorized                      | <input type="checkbox"/> Hazardous Operations Stopped |
| <input type="checkbox"/> Public Fire Department Notified                 | <input type="checkbox"/> Smoking Restricted           |
| <input type="checkbox"/> Hot Work Prohibited                             | <input type="checkbox"/> Fire Watch Established       |
| <input type="checkbox"/> Control Room and/or Facility Personnel Notified |   |
| <input type="checkbox"/> Other _____                                     |   |

**Type of Impairment**     Planned     Emergency     Unidentified

### Type of System Impaired *(Only one system impairment per form)*

- Fire Pump(s)                      Type \_\_\_\_\_ (Diesel, Electric, Jockey, All fire Pumps)  
 Contingency \_\_\_\_\_
- Sprinkler System                      Type \_\_\_\_\_ (Wet Pipe, Dry Pipe, Preaction, Deluge, Foam, Other)  
 Fire Protection Valve(s) Closed?      Location and ID? \_\_\_\_\_ Turns to Close? \_\_\_\_\_
- Clean Agent Suppression System      Type \_\_\_\_\_ (CO<sub>2</sub>, Halon, FM-200, etc.)
- Fire Detection/Fire Alarm System      Type \_\_\_\_\_
- Explosion system                      Type \_\_\_\_\_
- Foam system                              Type \_\_\_\_\_
- Other                                      Type \_\_\_\_\_ (Aerosol, Dry Chem, Water Mist, Wet Chem, Gas Facility BSD/ESD System, etc.)

Area(s) Protected \_\_\_\_\_  
 Reason for Impairment \_\_\_\_\_

### System Out of Service

Date Removed from Service \_\_\_\_\_ Time \_\_\_\_\_ Planned Duration \_\_\_\_\_  
 Taken Out of Service By \_\_\_\_\_ Authorized By \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Alt. Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### Impairment Notification

- Save this completed form, print two copies, and attach one to impaired fire protection system and post other in control room or other constantly attended location
- If impairment is expected to last longer than one shift, e-mail this form to: [fireimpairments@aegislimited.com](mailto:fireimpairments@aegislimited.com) or if there are questions, call (201) 508-2806

### System Returned to Service and Restoration of Protection Notification

All fire protection systems/equipment must be tested after being returned to service. Fire pumps should start automatically, fire detection systems should send alarms to their control panel and the control room or central station, and automatic sprinkler systems should have a satisfactory drain test. Record drain test pressure readings below

Date Returned to Service \_\_\_\_\_ Time Returned to Service \_\_\_\_\_  
 Drain Test Results for Sprinkler System Impairments:      **Static** \_\_\_\_\_ psi      **Flowing** \_\_\_\_\_ psi

- Save this completed form and file for review during next AEGIS Loss Control Visit
- Report completion of work to all parties notified of the impairment. If impairment lasted longer than 12 hours, send this completed form to AEGIS Property Loss Control at [fireimpairments@aegislimited.com](mailto:fireimpairments@aegislimited.com) after impaired system is returned to service.