



FIRE PROTECTION IMPAIRMENT FORM

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 _____ (CO₂, 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, 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 12 hours, e-mail this form to: 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 after impaired system is returned to service.