Date: ____________________

Impairments

☐ Fire Detection ☐ Natural Gas ☐ Electric Power
☐ Fire Suppression ☐ Data / Phone ☐ Domestic Water
☐ Other (explain): _____________________________________________________________

☐ Fire System Bypassed ☐ Fire System Disabled (Identify Points*): ____________________

Impairment: ________________________________________________________________

Description: ________________________________________________________________

___________________________________________________________________________

Building: ____________________ Floor: ____________________ Department: ____________

Submitted by: ______________________________________________ Company /Department: __________________

(please print)

Phone Number: (____) _____ - _________ email: _____________________@________________________

A FIRE WATCH MUST BE PROVIDED FOR THE ENTIRE IMPAIRMENT PERIOD, INCLUDING A DEDICATED PERSON WITH CELL PHONE.

Fire / Impairment Watch will be provided by: ______________________________________

Phone Number: (____) _____ - _________

Permit Effective Date: _________________ Time: _________________

Permit Expires Date: _________________ Time: _________________

Signed: ______________________________ Date: _________________

(Individual Responsible for Fire Safety)

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