



Wright State University IMPAIRMENT FORM

Date: _____

IMPAIRMENTS

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Fire Detection | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Electric Power |
| <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Data / Phone | <input type="checkbox"/> Domestic Water |
| <input type="checkbox"/> 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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