



Wright State University IMPAIRMENT FORM

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/Dept.: _____
(Please Print)

Phone Number:(____) _____ - _____ Email: _____

A Fire Watch must be provided for the entire impairment period, including a dedicated person with fire extinguisher and cell phone.

Fire/Impairment Watch will be provided by: _____

Phone Number:(____) _____ - _____

Permit Effective Date: _____ **Time:** _____

Permit Expiration Date: _____ **Time:** _____

Signed: _____ **Date:** _____
(Individual Responsible for Fire Safety)