



**FIRE SYSTEM IMPAIRMENT NOTIFICATION FORM**

Please check

\*Notify RLI at <http://www.risklogic.com/fireform> prior to impairment and upon restoration of system(s).

IMPAIRED

RESTORED

Plant:

City, State:

<b>Date &amp; Time of Impairment:</b>	<b>Date:</b> _____	<b>Time:</b> _____
<b>Anticipated Date &amp; Time to Restore:</b>	<b>Date:</b> _____	<b>Time:</b> _____
<b>Reason for Impairment:</b>	_____	
<b>Type of System:</b>	_____	
<b>System/Valve #:</b>	_____	
<b>Area(s) Affected:</b>	_____	
<b>Date &amp; Time Restored:</b>	<b>Date:</b> _____	<b>Time:</b> _____

**NOTIFY RISK LOGIC AT:** <http://www.risklogic.com/fireform>

**OR IF AN EMERGENCY:** Phone: (201) 930-0700

**Date of Notification:** \_\_\_\_\_

**Time of Notification:** \_\_\_\_\_

**PRECAUTIONS TAKEN:**

- |   |   |
|---|---|
| <input type="checkbox"/> Fire Brigade Notified                | <input type="checkbox"/> Fire Watch Ongoing         |
| <input type="checkbox"/> Public Fire Dept. Notified           | <input type="checkbox"/> Fire Hose Laid Out         |
| <input type="checkbox"/> Hot Work Prohibited                  | <input type="checkbox"/> Hydrant Connected to Riser |
| <input type="checkbox"/> Smoking Prohibited                   | <input type="checkbox"/> Pipe Plugs on Hand         |
| <input type="checkbox"/> Hazardous Operations Stopped in Area | <input type="checkbox"/> Other: _____               |

System/Precautions verified by: \_\_\_\_\_ Title \_\_\_\_\_

Telephone # \_\_\_\_\_

Was a 2 in. drain test performed?  Yes  No  DNA

Fax # \_\_\_\_\_



Risk Logic Inc.