

Fire Protection Impairment Tag

PART 1

INSTRUCTIONS TO SUPERVISOR:

1. Notify **Risk Logic** prior to impairing fire protection equipment using the fax impairment form.
2. Confirm precautions listed below.
3. Complete and retain PART 1.
4. Issue PART 2 to person(s) doing work.

PRECAUTIONS TAKEN (Check as appropriate)

- | | |
|--|---|
| <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: _____ |

PROTECTION OUT OF SERVICE

- Sprinklers Fire Pump FM-200 CO₂ Other

Area without Protection: _____

Valve or System Location/Number: _____

Reason for Impairment: _____

System Impaired: Date _____ Time _____

System Restored: Date _____ Time _____

Approval by: _____
Title



Risk Logic Inc.

Form 1002 (5-98)

Fire Protection Impairment Tag

PART 2

INSTRUCTIONS TO SUPERVISOR:

5. Notify **Risk Logic** prior to impairing fire protection equipment using the fax impairment form.
6. Confirm precautions listed below.
7. Complete and retain PART 1.
8. Issue PART 2 to person(s) doing work.

PRECAUTIONS TAKEN (Check as appropriate)

- | | |
|---|---|
| <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: _____ |

PROTECTION OUT OF SERVICE

- Sprinklers Fire Pump FM-200 CO₂ Other

Area without Protection: _____

Valve or System Location/Number: _____

Reason for Impairment: _____

System Impaired: Date _____ Time _____

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Approval by: _____
Title

For Sprinkler Systems Only:

No. of Turns to Close _____ No. of Turns to Open _____ 2 in. Drain Test Performed
 Yes No