

# 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<br>Stopped in Area | <input type="checkbox"/> Other: _____               |

### PROTECTION OUT OF SERVICE

- Sprinklers     Fire Pump     FM-200     CO<sub>2</sub>     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<br>Stopped in Area | <input type="checkbox"/> Other: _____               |

### PROTECTION OUT OF SERVICE

- Sprinklers     Fire Pump     FM-200     CO<sub>2</sub>     Other

Area without Protection: \_\_\_\_\_

Valve or System Location/Number: \_\_\_\_\_

Reason for Impairment: \_\_\_\_\_

System Impaired:                      Date \_\_\_\_\_                      Time \_\_\_\_\_

System Restored:                      Date \_\_\_\_\_                      Time \_\_\_\_\_

Approval by: \_\_\_\_\_  
Title

For Sprinkler Systems Only:

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