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:

Date & Time of Impairment: Date: ________ Time: ________

Anticipated Date & Time to Restore: Date: ________ Time: ________

Reason for Impairment: __________________________________________

Type of System: __________________________________________________

System/Valve #: _________________________________________________

Area(s) Affected: ________________________________________________

Date & Time Restored: Date: ________ Time: ________

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:

☐ Fire Brigade Notified ☐ Fire Watch Ongoing

☐ Public Fire Dept. Notified ☐ Fire Hose Laid Out

☐ Hot Work Prohibited ☐ Hydrant Connected to Riser

☐ Smoking Prohibited ☐ Pipe Plugs on Hand

☐ Hazardous Operations Stopped in Area ☐ Other: ______________________

System/Precautions verified by: __________________________________________

Title

Telephone # ______________________ Was a 2 in. drain test performed? ☐ Yes ☐ No ☐ DNA

Fax # ____________________________

Risk Logic Inc.

Form 1003 (7-00)