

FIRE SYSTEM IMPAIRMENT NOTIFICATION FORM

Please check

*Notify at [C&F Impairment Form Link](#) 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: [C&F Impairment Form Link](#)
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.