

Automatic Fire Protection / Life Safety System Impairment Request

Date	Duke Project Coordinator	Phone	Organization	
			FMD	E&O
			FPDC	Fire Safety

Facility	Building #	On-Site Contact (Name)	On-Site Contact (Organization)	On-site Contact (Phone)
----------	------------	------------------------	--------------------------------	-------------------------

Type of Impairment	Sprinkler Impairments Only	Alarm Impairments Only
Fire Alarm	Wet System	Audio and Visual
Sprinkler	Dry System	Audio Only
Ansul System	Pre-Action System	Visual Only
Gas System	Fire Pump	Detection Device
	Water Supply	Initiating Device

Area Affected (Ex. Room, Floor, Zone, etc.)	% of Building Affected
	Partial Floor
	Entire Floor
	Portions of Multiple Floors
	Entire Building

(Sprinkler Impairment Only) Location and ID # of valve(s) to be closed (**Room / Space # , Valve #**)

Date Range of Impairment

Start Date	End Date	Will the system be restored at the end of the work cycle?		
		Yes	No	
Start Time	End Time	E&O has been notified and can support the requested shutdown		
		Yes	No	N/A

Scope of Work (Ex. 5yr PM, System Maintenance / Repair, System Testing, Emergency Repair, etc.)

FIRE SAFETY USE ONLY

Can the requested impairment be scheduled in conjunction with other work occurring in the affected area?

Yes No

Control # (Fire Safety)	Fire Watch Required (Fire Safety)	Approved (Fire Safety)
	Yes No	