

Fire Protection Impairment Permit

Requestor (Employee):	Requestor Phone Number:	Today's Date:
Building Name:		Location / Room #:
Contractor / Organization / Name:		Cell Phone #:

Reason for Impairment:	Work Order Number:
Requested Date of Impairment:	Requested Time of Impairment:
Requested Date System Restored:	Requested Time System Restored:

Fire Protection System Impaired (Check all that apply):

<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Detection System	<input type="checkbox"/> Automatic Sprinkler System
<input type="checkbox"/> Standpipe and Hose System	<input type="checkbox"/> Underground piping & control valves	<input type="checkbox"/> Fire Pumps
<input type="checkbox"/> Water Supply	<input type="checkbox"/> Special Suppression Systems	<input type="checkbox"/> Other _____

Comments:	
Authorized Signature:	Date

Required Impairment Checklist:

<input type="checkbox"/> Notified Safety Personnel, FD, Facilities	<input type="checkbox"/> Fire Watch Established (If Required)
<input type="checkbox"/> Notified Building Coordinator / Occupants	<input type="checkbox"/> Hot Work Permit (If Required)
<input type="checkbox"/> Impairment Permit Posted	<input type="checkbox"/> Remove Fire Alarm / Devices
<input type="checkbox"/> Lockout / Tag-out Reviewed	<input type="checkbox"/> Hazardous Operations Stopped

Actual Start Date: _____ Time: _____ End Date: _____ Time: _____

Person(s) Performing Work (Print Names): _____

Required Restoration Checklist:

<input type="checkbox"/> Notified Safety Personnel, FD, Facilities	<input type="checkbox"/> Notified Building Coordinator / Occupants
<input type="checkbox"/> Remove Fire Impairment Permit	<input type="checkbox"/> All mechanical devices in service (locked back in proper position)
<input type="checkbox"/> Fire Alarm / Devices back in service	

Safety Approval: _____ Date: _____

Comments: _____

Post Permit on Appropriate Fire Panel or Connection and at Worksite During Impairment.
Before Impairment and After Impairment. Please Contact the Division of State Risk & Insurance Services
 phone: (502) 782-5443 email: StateRiskSprinklerProgram@ky.gov