

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 & AFTER IMPAIRMENT. PLEASE CONTACT THE DIVISION OF STATE RISK & INSURANCE SERVICES
 Phone: (502) 782-5443 Email: StateRiskSprinklerProgram@ky.gov