



Fire Protection Impairment

STEP 1 – IMPAIRMENT NOTIFICATION*

▶ ***IF PERFORMING ROUTINE TESTING OF FIRE PROTECTION OR ALARM SYSTEMS, THERE IS NO NEED TO COMPLETE THIS NOTIFICATION FORM.**

LOCATION INFORMATION

| | |
|----------------------------|--|
| Organization/Facility Name | |
| Facility Address | |

CONTACT INFORMATION

| | |
|--------------------|--|
| Notifier's Name | |
| Notifier's Phone # | |
| Notifier's Email | |

IMPAIRMENT INFORMATION

| | | | | |
|-----------------------------------|--|-------|----|----|
| Impairment Start Date/Time | | Time: | AM | PM |
| Anticipated Restoration Date/Time | | Time: | AM | PM |

IMPAIRMENT AREA & LOCATION

| Impairment | Planned | Unplanned | |
|-----------------------------|---|--|--|
| Affected System(s) | Public Water Supply Private Water Supply Fire pump Fire alarm system | Wet sprinkler system Dry sprinkler system Foam system Kitchen hood system | Dry chemical system Clean agent system Other; see comments |
| System(s)/Valve ID(s) | | | |
| Affected Building(s) & Area | Bldg.(s): | Area (sq. ft.): | |

CAUSE OF IMPAIRMENT

| | |
|--|--|
| Provide a brief explanation of why the system is impaired: | |
|--|--|

PRECAUTIONS TAKEN DURING IMPAIRMENT

| | | | |
|---|-----|----|--------------|
| Alarm Monitoring Company Notified | Yes | No | See comments |
| Local Fire Department Notified | Yes | No | See comments |
| Plant Emergency Notified | Yes | No | See comments |
| Hazardous Operations Stopped | Yes | No | See comments |
| Hot Work Discontinued in the Affected Area(s) | Yes | No | See comments |
| Hourly Fire Watch During Impairment | Yes | No | See comments |
| Comments/Other: | | | |

▶ **EMAIL THIS FORM TO REPORTANIMPAIRMENT@MSIG-NA.COM**
 ▶ **PLEASE DON'T FORGET TO COMPLETE STEP 2, ONCE THE SYSTEM IS RESTORED**