



# | Fire Protection Impairment

## STEP 2 – IMPAIRMENT RESTORATION

### LOCATION INFORMATION

Organization/Facility Name	
Facility Address	

### CONTACT INFORMATION

Notifier's Name	
Notifier's Phone #	
Notifier's Email	

### IMPAIRMENT RESTORAL DATE

Impairment Restoral Date		Time:	AM	PM
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### AFTER RESTORAL

Alarm Company Notified?	Yes	No	See comments	
Alarms Operational?	Yes	No	See comments	
All Closed/Isolated Devices Returned to Service?	Yes	No	See comments	
Main Drain Test Conducted?	Yes	No	N/A	See comments

### COMMENTS

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▶ EMAIL THIS FORM TO [REPORTANIMPAIRMENT@MSIG-NA.COM](mailto:REPORTANIMPAIRMENT@MSIG-NA.COM)