

WEEKDAY FIRE SYSTEM IMPAIRMENT FORM

- FORM MUST BE COMPLETED IN ADOBE ACROBAT
- STANDARD IMPAIRMENT HOURS ARE 7AM TO 5PM UNLESS AGREED UPON PRIOR TO PROJECT.
- IMPAIRMENT REQUIRES AT LEAST 24 HOURS NOTICE.
- STANDARD DAYS OF IMPAIRMENT ARE MONDAY THROUGH FRIDAY **EXCLUDING HOLIDAYS**.
- WEEKEND AND HOLIDAY IMPAIRMENT FORM MUST BE COMPLETED AND SIGNED AT LEAST 48 HOURS PRIOR TO THE IMPAIRMENT.

PROJECT MANAGER:

SUBMIT WORK ORDER FOR IMPAIRMENT

COMPLETE SECTION I, AND AS MUCH OF SECTION II AS IS KNOWN.

EMAIL FORM TO SCOTT FRAZIER AND COPY EMILY MUSTIN.

FIRE SAFETY MANAGER:

COMPLETE SECTION II AND EMAIL FORM TO FACILITIES TEAM MANAGER AND COPY EMILY MUSTIN.

FACILITIES TEAM MANAGER:

COMPLETE SECTION III AND EMAIL TO EMILY MUSTIN.

EMILY MUSTIN:

WILL COMPLETE HELLO SIGN DOCUMENTS AND EMAIL TO PROJECT MANAGER, FIRE SAFETY MANAGER, AND FACILITIES TEAM MANAGER.

ALL INDIVIDUALS WILL SIGN THE DOCUMENT.

A COPY OF THE SIGNED DOCUMENT WILL BE EMAILED FROM **EMILY MUSTIN** TO **SCOTT FRAZIER**.

SCOTT FRAZIER WILL FORWARD THE SIGNED IMPAIRMENT FORM TO WSFD FOR FINAL APPROVAL.

FIRE SYSTEM IMPAIRMENT FORM
MONDAY THROUGH FRIDAY (24 HOUR NOTICE REQUIRED)

SECTION I TO BE COMPLETED BY PROJECT MANAGER

PROJECT MANAGER: _____ PROJECT NUMBER: _____
DATE: _____ WORK ORDER NUMBER: _____
BUILDING(S): _____

FLOOR(S): _____ ROOM(S): _____
ADDRESS: _____

CONTRACTOR: _____
MAIN CONTACT AND PHONE: _____
ADD'L CONTACT AND PHONE: _____ ADD'L CONTACT AND PHONE: _____

START DATE: _____ END DATE: _____ HOURS (7AM TO 5PM UNLESS SPECIFIED): _____

SECTION II TO BE COMPLETED BY PROJECT MANAGER AND FIRE SAFETY MANAGER

SYSTEM OR POINT(S) TO BE BY-PASSED OR DISARMED:

REASON FOR BY-PASSING OR DISARMING:

PRECAUTIONARY ACTION DURING SYSTEM INTERRUPTION:

SECTION III TO BE COMPLETED BY FACILITIES TEAM MANAGER

MANAGER ASSIGNING TECHNICIANS:	TEAM 1	TEAM 2	TEAM 3	UTILITIES
TECHNICIANS ASSIGNED:				

SECTION IV SIGNATURES

FACILITY MANAGER SIGNATURE: _____ FACILITIES MANAGER SIGNATURE: _____

PROJECT MANAGER SIGNATURE: _____

FIRE AND LIFE SAFETY SIGNATURE: _____

REQUEST WAS RECEIVED AND APPROVED BY: _____

NOTE: Approval MUST be from the Winston-Salem Fire Department Fire Marshal or Assistant Fire Marshal

DATE AND TIME OF APPROVAL _____