

FIRE PROTECTION IMPAIRMENT PERMIT

UofM Impairment Coordinator: _____ IC Phone #: _____

IC Email: _____ IC Approval Signature & Date: _____

Impairment Level: Level 1 - Significantly affecting occupant life safety. **Fire Watch Required**
 Level 2 - Minimal impact to overall life safety of occupants. **Fire Sentry Required**

UofM Impairment Coordinator: _____ IC Phone #: _____

IC Email: _____ IC Approval Signature & Date: _____

Impairment Level: Level 1 - Significantly affecting occupant life safety. **Fire Watch Required**
 Level 2 - Minimal impact to overall life safety of occupants. **Fire Sentry Required**

Company Requesting Impairment: _____

Company Supervisor: _____ Phone #: _____

Fire Sentry or Fire Watch Name: _____ Phone # _____

Impairment Start Date: _____ **and Time:** _____

Impairment End Date: _____ **and Time:** _____

Will this be a re-occurring impairment? Yes No

If re-occurring, provide estimated duration of overall time frame for the final impairments: _____

Fire Protection System Impaired (Check all that apply):

Fire Alarm System Detection System Fire Pumps Sprinkler System
 Standpipe and Hose System Underground Piping/Control Valves Water Supply
 Special Suppression Systems Other (i.e., Exit blocked by construction)

Provide the Reason for the Impairment: _____

Comments: _____

(This section completed by Impairment Coordinator)

UofM Impairment Coordinator: _____ IC Phone #: _____

IC Email: _____ IC Approval Signature & Date: _____

Impairment Level: Level 1 - Significantly affecting occupant life safety. **Fire Watch Required**
 Level 2 - Minimal impact to overall life safety of occupants. **Fire Sentry Required**

Comments: _____