

## **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**

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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)*

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Comments: \_\_\_\_\_