

**FIRE PROTECTION IMPAIRMENT PLAN**

**PRE-PLANNING**

1. TO BE COMPLETED BY THE REQUESTER	
(1) Requester Name, Company, and Contact Information:	(2) Today's Date:
(3) Building #	(4) Location / Room #s
(5) Project Title/Description	(6) WO#:
(7) Reason for Impairment:	
(8) Requested Date of Impairment:	(9) Requested Time of Impairment:
(10) Requested Date of System Restored:	(11) Requested Time of System Restored:
<b>(12) Fire Protection System Impaired (check all that apply):</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Fire alarm system:  <input type="checkbox"/> Local Notification (AV)  <input type="checkbox"/> Dialer Notification                 </div> <div style="width: 30%;"> <input type="checkbox"/> Standpipe and hose system  <input type="checkbox"/> Water supply  <input type="checkbox"/> Detection system                 </div> <div style="width: 30%;"> <input type="checkbox"/> Special suppression systems  <input type="checkbox"/> Automatic sprinkler system                      Fire pumps                 </div> </div> <p><b>Provide details and comments (attach additional sheets as needed):</b></p>	
<b>(13) Required Impairment Checklist (check all that apply):</b> <i>Note: (a) FME and EHS must be notified of planned impairments, (b) a Fire Prevention Plan must always be provided and available, and (c) no impairments shall be made until this permit is accepted by FME and EHS signatures.</i>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Obtain Hot Work Permit  <input type="checkbox"/> Prepare Impairment Notification Posters (Door Signs)  <input type="checkbox"/> Prepare FDC Impairment Tags                      Fire Watch at main fire panel                 </div> <div style="width: 30%;"> <input type="checkbox"/> LOTO  <input type="checkbox"/> Establish Fire Watch  <input type="checkbox"/> Remove/minimize combustibles  <input type="checkbox"/> Provide fire extinguishers                 </div> <div style="width: 30%;"> <input type="checkbox"/> Plan around hazardous operations  <input type="checkbox"/> Inspect area before impairment  <input type="checkbox"/> Evacuate building  <input type="checkbox"/> Secure building access                 </div> </div> <p><b>Provide details and comments (attach additional sheets as needed):</b></p>	
Requester Signature _____ Title: _____  Date: _____	
2. TO BE COMPLETED BY FME	
<b>Review and Notification Checklist (check all that apply):</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Need for system impairments confirmed  <input type="checkbox"/> Required impairment checklist items reviewed and accepted  <input type="checkbox"/> Notification to Building Coordinator required and made                 </div> <div style="width: 45%;"> <input type="checkbox"/> Notification to Security required and made  <input type="checkbox"/> Other, specify:                 </div> </div> <p><b>Provide details and comments (attach additional sheets as needed):</b></p>	
FME Signature _____ Title: _____  Date: _____	

**3. TO BE COMPLETED BY EHS**

**(1) Review Checklist (check all that apply):**

- Impaired systems reviewed and accepted
- Control measures reviewed and accepted
- Fire Watch details received and accepted
- Fire Prevention Plan reviewed and accepted
- Notification to NIH DFM required and made
- Notification to Fire Department required and made

**Provide details and comments (attach additional sheets as needed):**

EHS Signature \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Note:  
FME and EHS Signatures above indicate planned impairment acceptance  
and signify that the impairment may proceed as indicated.*

**RESTORATION**

**4 TO BE COMPLETED BY FME AND THE REQUESTER**

**(1) Required Restoration Checklist:**

- Mechanical devices back in service
- Systems/devices reactivated
- Affected system inspected and tested operational
- Impairment tags/permit/sheets removed
- Building Coordinator notified of reactivation
- Protective Services notified of reactivation
- Fire Department notified of reactivation
- Fire Marshal notified of reactivation
- Affected system inspected by Fire Marshal

**Provide details and comments (attach additional sheets as needed):**

FME Signature \_\_\_\_\_ Date: \_\_\_\_\_

Requester Signature \_\_\_\_\_ Date: \_\_\_\_\_