

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:
(12) Fire Protection System Impaired (check all that apply): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Fire alarm system <input type="checkbox"/> Standpipe and hose system <input type="checkbox"/> Water supply </div> <div style="width: 30%;"> <input type="checkbox"/> Detection system <input type="checkbox"/> Underground piping and control valves <input type="checkbox"/> Special suppression systems </div> <div style="width: 30%;"> <input type="checkbox"/> Automatic sprinkler system <input type="checkbox"/> Fire pumps </div> </div> <p>Provide details and comments (attach additional sheets as needed):</p>	
(13) Required Impairment Checklist (check all that apply): <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; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Obtain Hot Work Permit <input type="checkbox"/> Prepare Impairment Notification Sheets <input type="checkbox"/> Prepare Impairment Tags </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>Provide details and comments (attach additional sheets as needed):</p>	
Requester Signature _____ Title: _____ Date: _____	
2. TO BE COMPLETED BY THE FME CONSTRUCTION ADMINISTRATOR or POC	
Review and Notification Checklist (check all that apply): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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"/> Evacuation and Site Security required and established <input type="checkbox"/> Other, specify: </div> </div> <p>Provide details and comments (attach additional sheets as needed):</p>	
FME Signature _____ Title: _____ Date: _____	

3. TO BE COMPLETED BY THE EHS FIRE PROTECTION PROGRAM MANAGER

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

- | | |
|---|--|
| <input type="checkbox"/> Impaired systems reviewed and accepted | <input type="checkbox"/> Acceptance from NIH Fire Marshal required and granted |
| <input type="checkbox"/> Control measures reviewed and accepted | <input type="checkbox"/> Notification to Fire Department required and made |
| <input type="checkbox"/> Fire Watch details received and accepted | <input type="checkbox"/> Notification to Protective Services required and made |
| <input type="checkbox"/> Fire Prevention Plan reviewed and accepted | |

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

EHS Signature _____ Title: _____

Date: _____

RESTORATION

4 TO BE COMPLETED BY THE FME CONSTRUCTION ADMINISTRATOR AND THE REQUESTER

(1) Required Restoration Checklist:

- | | |
|--|---|
| <input type="checkbox"/> Mechanical devices back in service (locked back in proper position) | <input type="checkbox"/> Building Coordinator notified of re-activation |
| <input type="checkbox"/> Systems/devices re-activated | <input type="checkbox"/> Protective Services notified of re-activation |
| <input type="checkbox"/> Affected system inspected and tested operational | <input type="checkbox"/> Fire Department notified of re-activation |
| <input type="checkbox"/> Impairment Tags/Permit/Sheets removed | <input type="checkbox"/> Fire Marshal notified of re-activation |
| | <input type="checkbox"/> Affected system inspected by Fire Marshal |

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

FME Signature _____ Date: _____

Requester Signature _____ Date: _____