**Route this form to:**

See Distribution Instructions in Section 1.

**U Wide Form:**

**UM1738**

**Rev: 01.10.19**

wdmk

# Fire Protection Impairment Notice

## **Impairment Definition:**

An impairment is defined as any planned or unplanned shutdown of a fire protection system. This can include a closed sprinkler valve, an obstruction in the city water supply to the building, a non-operating fire pump or controller, an isolated gaseous suppression system, a dry/pre-action valve that won’t trip, etc. Note that the duration of the impairment does not matter – Impairments must be reported any time a system is impaired,   
  
**Instructions:**

## **Complete Sections 1 – 3 before impairment begins. Distribute as indicated in Section 1.**

## **Complete Section 4 upon restoration of system. Forward completed notice** [**stlo.custserv@fmglobal.com**](mailto:stlo.custserv@fmglobal.com)

## **1. IMPAIRMENT NOTICE DISTRIBUTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Telephone** | **Fax** | **E-mail** |
| FM Global Service Desk | 800-320-6760 | 800-320-6762 | stlo.custserv@fmglobal.com |
| PSECC – Twin Cities Campus | 612-624-7828 |  | jdlessar@umn.edu carterr@umn.edu span0009@umn.edu |
| Building Code Office | 612-625-3318 | 612-625-6667 | wilbu024@umn.edu |
| Local Fire Department – Outstate Campus Locations |  |  |  |

2. FACILITY INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Campus Location**  Minneapolis  Rochester | St. Paul  Crookston | | Duluth Morris  Other | |
| Building Name: | | Building Number | | College/School/Department: |

**3. IMPAIRMENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Start Date:       Start Time       AM PM | Planned Completion Date:       Planned Completion Time:       AM PM | |
| Type of Impairment:  Planned Emergency Equipment Tagged?  Yes No | | |
| Area(s) of Impairment: | | |
| Reason for Impairment: | | |
| Precautions Taken:  Continuous Work Authorized Hazardous Operations Ceased  Fire Department Notified  Fire Extinguishers/Hoses Available  Lockout/Tagout Implemented Hot Work Prohibited  Ongoing Patrol of Area Emergency Organization Notified  Other, specify: | | Type of Equipment Impaired:  Sprinkler System Fire Pump  Fire Water Tank  Gaseous Protection System Fire Alarm/Detection System  Other Fixed Protection System Public Water Supply  Smoke Detection  Other, specify: |
| Person Responsible for this Impairment:       Phone:       E-mail: | | |
| Impairment Coordinator Name: | | |

**4. IMPAIRMENT RESTORATION**

|  |  |
| --- | --- |
| System Restored Date:       Time       AM PM | Restoration Notification by: |
| Alarm System Normal Main Drain Test Conducted – Static Pressure       PSI  Valve(s) Re-opened, Sealed/Locked and/or Tamper Switch Tested – Residual Pressure       PSI | |
| **After impairment is restored, forward completed notice to stlo.custserv@fmglobal.com** | |

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Page 1 of 1