



**FIRE PROTECTION Impairment**

**Notification Form**

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| step 1 | Before an impairment, complete the top three sections of this form and email it to reportanimpairment@msig-na.com. |
| step 2 | After restoring the impairment, update the “Impairment Restoral” section and re-email it to the email above. |

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| step 1 - Impairment address and Contact Information |
| Client Name | Click to enter text. |
| Impairment Address | Click to enter text. |
| Submitter’s Name | Name: Click to enter text. | Phone: Click to enter text. |
| Email Address | Click to enter text. |
| step 1 - Impairment type & reasons |
| Type of Impairment[ ]  Planned [ ]  Unplanned | [ ]  Public water supply[ ]  Private water supply [ ]  Fire pump [ ]  Fire alarm system  | [ ]  Wet sprinkler system [ ]  Dry sprinkler system [ ]  Foam system [ ]  Kitchen hood system | [ ]  Dry chemical system [ ]  Clean agent system [ ]  Other; See comments |
| Reason for Impairment | [ ]  Maintenance [ ]  System addition/replacement [ ]  Damaged piping | [ ]  Equipment repair [ ]  Agent discharged [ ]  Other; See comments |
| Comments: Click to enter text. |

## step 1 - **before & during Impairment**

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| --- | --- | --- | --- |
| Location  | Click to enter text. | system number(s) | Click to enter text. |
| Start Date | Click to enter a date. | Start Time: Enter time | [ ]  AM [ ]  PM |
| Actions taken | [ ]  System(s) tagged[ ]  Fire Department notified [ ]  Alarm Company notified [ ]  Plant Emergency notified | [ ]  Hourly fire watch during impairment[ ]  Needed materials on hand [ ]  Private protection increased [ ]  Hot Work discontinued in the area(s) |
| Estimated Restoral  | Click to enter a date. | Estimated Time: Enter time | [ ]  AM [ ]  PM |

## step 2 - **Impairment restoral**

|  |  |  |  |
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|  |  |  |  |
| Actual Restoral | Click to enter a date. | Actual Time: Enter time | [ ]  AM [ ]  PM |
| Comments: Click to enter text. |