



**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](mailto: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. | | | |