

FIRE SYSTEM IMPAIRMENT NOTIFICATION FORM

Please check

*Notify RLI by fax prior to impairment and upon restoration of system(s).

IMPAIRED

RESTORED

Plant:

City, State:

Date & Time of Impairment:	Date: _____	Time: _____
Anticipated Date & Time to Restore:	Date: _____	Time: _____
Reason for Impairment:	_____	
Type of System:	_____	
System/Valve #:	_____	
Area(s) Affected:	_____	
Date & Time Restored:	Date: _____	Time: _____

NOTIFY RISK LOGIC AT:	Fax: (201) 930-8795
OR IF AN EMERGENCY:	Phone: (201) 930-0700

Date of Notification:
Time of Notification:

PRECAUTIONS TAKEN:

- | | |
|---|---|
| <input type="checkbox"/> Fire Brigade Notified | <input type="checkbox"/> Fire Watch Ongoing |
| <input type="checkbox"/> Public Fire Dept. Notified | <input type="checkbox"/> Fire Hose Laid Out |
| <input type="checkbox"/> Hot Work Prohibited | <input type="checkbox"/> Hydrant Connected to Riser |
| <input type="checkbox"/> Smoking Prohibited | <input type="checkbox"/> Pipe Plugs on Hand |
| <input type="checkbox"/> Hazardous Operations Stopped in Area | <input type="checkbox"/> Other: _____ |

System/Precautions verified by: _____ Title _____

Telephone # _____

Was a 2 in. drain test performed? Yes No DNA

Fax # _____



Risk Logic Inc.