

APPALACHIAN STATE UNIVERSITY FIRE PROTECTION IMPAIRMENT

Requestor:

Department:

Building/Location/Site Address of Impairment:

Description of Impairment:

Reason for Impairment:

Impairment Start Date/Time:

Impairment End Date/Time:

Will a Dedicated Fire Watch be Provided During the entire Impairment Period?

Yes

No

List Names of Fire Watch Personnel:

THIS SECTION TO BE COMPLETED BY PERSONNEL MAKING IMPAIRMENT

Impairment Employee Name/Department:

Departments Notified of Impairment (Check All that Apply)

Building Occupants/Departments Impacted by Impairment

University Police

Boone Fire Department

Environmental Health, Safety & Emergency Management

Have Impairment Tags Been Placed Accordingly?

Yes

No

Date and Time System Was Restored:

Employee Name/Department Make Restoration:

Departments Notified of Restoration (Check All that Apply)

Building Occupants/Departments Impacted by Impairment

University Police

Boone Fire Department

Environmental Health, Safety and Emergency Management

Have Impairment Tags Been Removed?

Yes

No

Have Inspections and/or Tests Been Conducted to Ensure that Fire Protection Systems are Operational?

Yes

No

N/A