



# FIRE PROTECTION EQUIPMENT OUT OF SERVICE

Authorized By (Signature)	Date
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Tag No.  
00001

Tag No.  
00001

Impaired Equipment	Equipment Valve No.
Protecting	
Estimate Time of Repairs	Time / Date Removed from Service
Time / Date Returned to Service	Check List Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Time / Date Global Property Notified	Time / Date Plant Engineering Notified
Authorized By (Signature)	Date Signed



## Impairment Checklist

- ☐ Inform Department Heads in building or area where fire protection is out of service
- ☐ Prohibit Smoking throughout affected area
- ☐ Shut down hazardous processes
- ☐ Stop all cutting, welding and other hot work in affected area
- ☐ Maintain as many sprinklers in services as practical
- ☐ Supplement manual fire protection with extra fire extinguishers
- ☐ Notify the Shift Supervisor, Plant Emergency Organization or plant Fire Brigade Chief
- ☐ Notify Alarm Service and Plant Security
- ☐ Notify the public Fire Department that fire protection is out of service

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## Work to be Accomplished

- ☐ Automatic Sprinkler System(s) – (heads, piping, valves, etc.):
- ☐ Fire Pump(s): \_\_\_\_\_
- ☐ Underground Main(s): \_\_\_\_\_
- ☐ Suction/Gravity Tank(s): \_\_\_\_\_
- ☐ Detection System(s): \_\_\_\_\_
- ☐ Alarm System(s): \_\_\_\_\_
- ☐ Fixed Systems(s) – (CO<sub>2</sub>, Halon, FM 200, Dry Chemical, etc):  
\_\_\_\_\_
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_

## Work Completed: Restore the System(s) promptly:

- Open all required valves that had been closed
- Verify, by testing, that the protection system is operational
- Restore the alarm(s) and notify the alarm company
- Restore any fire protection equipment to 'automatic' that had been secured or placed in 'manual'
- Verify the fire extinguishers are in place and fully charged
- Notify plant supervisors that protection systems / equipment have been restored
- Notify the public fire department that the impairment is corrected and that the alarms are restored to service

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**Impairment Cleared & Protection Restored**  
**Signature of Manager**

**Date Signed**