KSU Department of Environmental Health & Safety

Date: _____

Fire Protection Equipment Impairment Notice Form

◯ Fire Alarm ◯ Fire Sprinkler System

Email this form to safety@ksu.edu, engstlouiscustomerservicedesk@fmglobal.com, and jlchatmo@ksu.edu.

Once the equipment is back in working order, please notify us by emailing **safety@ksu.edu**, **engstlouiscustomerservicedesk@fmglobal.com**, and **jlchatmo@ksu.edu** with an attached picture of the device in working order and your fire watch log attached.

1. Reporting Person's Name: _____
2. Phone # _____
3. Are you the contact person? ◯ **Yes** ◯ **No**
4. Contact Person's Name: _____
   (contact person is responsible for notifying staff and occupants)
5. Person conducting fire watch: _____

   Phone # _____

Local Information
(where will the impairment occur?)

6. Building Name: _____

   City: _____
7. Phone #: _____
8. Location of Impairment (Entire building or area affected):

   _____

Nature of Impairment

9. Cause of Impairment: _____
10. Date/Time of Impairment: _____

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