

KSU Department of Environmental Health & Safety

Date: _____

Fire Protection Equipment Impairment Notice Form Fire Alarm or Fire Sprinkler System (circle one)

1. Reporting Person's Name: _____
2. Phone # _____
3. Are you the contact person? (if yes, skip questions 4 & 5) **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: _____