KSU Department of Public 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: _________________________________