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: _________________________________________