

**University of New Haven**  
**FIRE PROTECTION IMPAIRMENT PERMIT**

**SECTION A: IMPAIRMENT REQUESTOR**      DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

Requestor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Building: \_\_\_\_\_ Location/ Room#: \_\_\_\_\_

Work being performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work performed by: \_\_\_\_\_ Date work begins: \_\_\_\_\_ Start time: \_\_\_\_\_

Signature: \_\_\_\_\_ Date work ends: \_\_\_\_\_ End time: \_\_\_\_\_

**SECTION B: IMPAIRMENT DETAILS (Completed by Facilities Manager)**

**Type of Safety System(s) Impairment (check all that apply):**

Fire Alarm \_\_\_\_\_ Sprinkler system \_\_\_\_\_ Standpipe \_\_\_\_\_ Fire Pump \_\_\_\_\_ Other \_\_\_\_\_

Water supply \_\_\_\_\_ Electricity \_\_\_\_\_

**Level 1 Impairment (Complete System Impairment):**

Alarm Company Notified by: \_\_\_\_\_ Restored by: \_\_\_\_\_

Panel/System Disabled by: \_\_\_\_\_ Restored by: \_\_\_\_\_

**Level 2 Impairment (Partial System Impairment): Identify Number of Devices Disabled, Method & Locations**

Removed: \_\_\_\_\_ Locations: \_\_\_\_\_

Covered: \_\_\_\_\_ Locations: \_\_\_\_\_

Disabled: \_\_\_\_\_ Locations: \_\_\_\_\_

Locations Disabled by: \_\_\_\_\_ Locations Restored by: \_\_\_\_\_

**FORM OF EQUIVALENT PROTECTION TO BE PROVIDED DURING IMPAIRMENT IF NEEDED:**

Facilities Manager: \_\_\_\_\_ Signature: \_\_\_\_\_  
(or Designee)

Associate VP Public Safety: \_\_\_\_\_ Signature: \_\_\_\_\_  
(or Designee)

**\*ALL FIRE ALARMS WILL BE INVESTIGATED BY UNIVERSITY POLICE AND FIRE DEPARTMENT\***

**University of New Haven**  
**Fire Protection Impairment Permit Procedure**

1. **Requestor completes Section A** of form (Except Permit Number) and submits to the Facilities office at least 24 hours prior to impairment date.
2. **Facilities Manager or designee completes Section B**
  - A. Type of system(s) impaired?
  - B. Determine if Level 1 (Complete System Impairment) or Level 2 (Partial System Impairment) is needed?
  - C. Identify location(s) of impairment and method used to impair system (Floors, rooms, corridors outside room #'s, etc.)?
  - D. Identify who will disable alarm/system (shut down or disarm system, cover devices, isolate areas, etc.)?
  - E. Identify who will restore alarm/system when impairment is over (Restore panel, activate system, remove covers, bags, etc.)?
  - F. Identify if any equivalent protection measures are necessary or in place (Remove combustibles, additional extinguishers, fire watch, perform work outside, etc.)?
3. **Facilities submits form to Public Safety**
4. **Public Safety issues permit number and approves/denies request with electronic signature**
  - A. Replies to all/forwards copies to Police Dispatch of impairment
  - B. Police Dispatch will take system off line with Alarm Company **ONLY** if a Level 1 Impairment is authorized.
  - C. Dispatch will notify West Haven ERS of the impairment and fill in Section B under Level 1, Alarm Company Notified by?
  - D. Form will be placed in the Open Impairment folder in the One Drive until work is complete and systems are back in service.
  - E. If Impairment is approved for more than one day, the impairment is placed back into the Open Impairment Folder in the One Drive.
5. **Upon notification by Facilities Manager or his designee that the activity necessitating the request is complete, Or at "End Time" of Impairment,**
  - A. Police Dispatch returns Fire Alarm System to normal status, notify West Haven ERS that system is restored, then signs Section B, Restored by on the form.
  - B. Police Dispatch emails completed form to involved group and adds saved completed form in the One Drive under Impairment year.

This form is to be used for all scheduled shutdown requests. Emergency Shutdowns are to be done immediately at the request of the Facilities Manager or Safety Officer. This form will be filled out within a 48-hour period after each Emergency Shutdown.

**Scheduled Hot Work is not an Emergency Shutdown and should be scheduled like any other shutdown.**