

Waterfront Plaza
Fire Impairment Request Form

MANAGEMENT OFFICE
FIRE ALARM/PROTECTION SYSTEM
IMPAIRMENT REQUEST FORM

SECURITY: 532-4510
OFFICE: 532-4750
FACSIMILE: 532-4759

DATE: _____ TIME: _____

REQUESTED BY: _____

PROJECT: _____

PROJECT MANAGER: _____

SYSTEM(S) TYPE: _____

DEVICE(S) TYPE: _____

LOCATION(S): _____

REASON FOR IMPAIRMENT: _____

DURATION OF IMPAIRMENT: DATE: _____ TIME: _____

DRAIN TIME: _____ RE-FILL TIME: _____

MANAGEMENT APPROVAL: _____

INITIAL CHECKLIST : TO BE COMPLETED BY SECURITY

- ___ ENGINEERING INFORMED
- ___ SECURITY INFORMED
- ___ BUILDING TENANT INFORMED PRIOR TO START OF WORK (48 HOURS PRIOR)
- ___ MEDICAL TENANTS INFORMED PRIOR TO START OF WORK (48 HOURS PRIOR)
- ___ NOTIFY ZURICH INSURANCE THRU ONLINE REPORTING AT: <https://esolutions.zurichna.com/s3/Impairment-Reporting>

- ___ CONTRACTOR NOTIFIED ENGINEERING
- ___ SECURITY SILENCE FIRE CONTROL PANEL AND INFORM ENGINEERING
- ___ ENGINEERING TO ISOLATE (DRAIN IF NEEDED)
- ___ ENGINEERING TO INFORM CONTRACTOR THEY CAN BEGIN WORK
- ___ CONTRACTOR TO INFORM SECURITY/ENGINEERING THEY'RE COMPLETED THE WORK
- ___ ENGINEERING TO REFILL OR OVERSEE REFILL OF SYSTEM
- ___ CONTRACTOR TO VERIFY NO LEAKS
- ___ ENGINEERING TO VERIFY NO LEAKS
- ___ IF NO LEAKS AND NO ISSUES WITH FIRE SYSTEM VENDOR CAN LEAVE SITE
- ___ ENGINEERING TO TAKE FIRE/JOCKEY PUMP SYSTEM OFF BYPASS AND RETURN TO NORMAL
- ___ SECURITY TO PLACE FIRE ALARM SYSTEM BACK TO NORMAL OPERATION

ENGINEERING SIGNATURE _____ SECURITY SIGNATURE _____

CONTRACTOR (PRINT NAME) _____ CONTRACTOR #: _____

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Additional Notes:
