

# FIRE PROTECTION IMPAIRMENT PERMIT

**INSTRUCTIONS:** REQUESTOR shall complete this form for any work activity that requires a fire protection system (fire alarm, sprinkler, fire suppression system, water supply, hydrant, etc.) or component (smoke detector, horn, strobe) to be impaired to 1) perform work, 2) prevent the accidental evacuation of building occupants, or 3) document impairments to fire protection systems. Submit a separate FPIP for each building to be impaired. **Impairment will be canceled if person performing work is not present at main fire alarm control panel in building to be impaired within 15 minutes of scheduled impairment start time** Electrical power outages impacting fire alarm systems do not require an impairment if outage duration is less than 12 hours; but does require notification by the Sandia Construction Observer (SCO) to the EOC Communication Coordinators and Security to inform them to expect a power loss alarm.

**INSPECTOR (SCO):** \_\_\_\_\_ **SUBMIT DATE:** \_\_\_\_\_  
**REQUESTOR:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
**COMPANY / ORG:** \_\_\_\_\_ **CELL PHONE / PAGER #:** \_\_\_\_\_  
**BUILDING:** \_\_\_\_\_ **LOCATION / ROOM #:** \_\_\_\_\_

**WORK DESCRIPTION:** \_\_\_\_\_

**Work Activities Requiring an Impairment** (check all the applicable boxes below)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Dust / Fume Generating Activities | <input type="checkbox"/> Add / Remove Fire Alarm Devices | <input type="checkbox"/> Outage to Building FP Water Supply |
| <input type="checkbox"/> Welding / Soldering / Grinding    | <input type="checkbox"/> Sprinkler System Modifications  | <input type="checkbox"/> Outage to Fire Hydrant             |
| <input type="checkbox"/> Demolition / Remodeling Space     | <input type="checkbox"/> Maintenance to FP System        | <input type="checkbox"/> _____                              |

### IMPAIRMENT SCHEDULING

Allow 14 days for Electrical and Mechanical impairment approval from the date the FPIP is e-mailed. Impairment requests submitted less than 14 days prior to impairment request date are subject to a revised impairment start date at the discretion of Sandia. **Requested impairment start times are subject to change depending on craft availability.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DATE:</b>							
<b>START TIME:</b>							
<b>END TIME:</b>							

**STANDARD HOURS:** Monday -Thursday (7:30 AM – 4:00 PM); Friday (7:30 AM – 3:00 PM)

**NON-STANDARD HOURS:** Project /Task # required during non-standard hours. **Project:** \_\_\_\_\_ **Task:** \_\_\_\_\_

#### SANDIA USE ONLY

Is Hot Work being performed in area of impairment?  NO  YES Hot Work Permit #'s: \_\_\_\_\_

Type of Impairment:  PLANNED  UNPLANNED  MAINTENANCE

System Impaired:  FP WATER SUPPLY / HYDRANT  SPRINKLER  FIRE ALARM  SUPPRESSION

**IMPAIRMENT COORDINATOR / FIRE PROTECTION ENGINEERING APPROVAL:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Fire Alarm devices/zones to be disabled:** \_\_\_\_\_

FIRE ALARM DEVICE IMPAIRMENT INVESTIGATION REQUIRED. Fire alarm maintenance support required prior to impairment to identify the specific fire alarm devices requiring impairment.

<u>ACTUAL IMPAIRMENT</u>	<u>PERSON PERFORMING WORK (PRINT name)</u>	<u>MAINTENANCE PERSON PERFORMING IMPAIRMENT</u>
<b>START DATE:</b> _____ <b>TIME:</b> _____	_____	_____
<b>END DATE:</b> _____ <b>TIME:</b> _____	(must be present at start of impairment)	_____

**E-mail completed FPIP to:** [fireimp@sandia.gov](mailto:fireimp@sandia.gov) (from outside SNL); FP-IMPAIRMENTS group address (on the SRN); with copy sent to Inspector (SCO) listed above.