

**UNIVERSITY OF MEMPHIS  
OFFICE OF FACILITIES DEVELOPMENT  
FIRE PROTECTION IMPAIRMENT PERMIT**

Impairment Location: \_\_\_\_\_

(Include Building Name, Floor(s), and Room numbers)

Company Requesting Impairment: \_\_\_\_\_

Company Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fire Sentry or Fire Watch Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Impairment Start Date:** \_\_\_\_\_ **and Time:** \_\_\_\_\_

**Impairment End Date:** \_\_\_\_\_ **and Time:** \_\_\_\_\_

Will this be a re-occurring impairment? \_\_\_ Yes \_\_\_ No

If re-occurring, provide estimated duration of overall time frame for the final impairments: \_\_\_\_\_

Fire Protection System Impaired (Check all that apply):

\_\_\_ Fire Alarm System \_\_\_ Detection System \_\_\_ Fire Pumps \_\_\_ Sprinkler System  
\_\_\_ Standpipe and Hose System \_\_\_ Underground Piping/Control Valves \_\_\_ Water Supply  
\_\_\_ Special Suppression Systems \_\_\_ Other (i.e., Exit blocked by construction)

Provide the Reason for the Impairment: \_\_\_\_\_

Comments: \_\_\_\_\_

*(This section to be completed by Impairment Coordinator)*

UofM Impairment Coordinator: \_\_\_\_\_ IC Phone #: \_\_\_\_\_

IC Email: \_\_\_\_\_ IC Approval Signature & Date: \_\_\_\_\_

Impairment Level: \_\_\_ Level 1 - Significantly affecting occupant life safety. **Fire Watch Required**  
\_\_\_ Level 2 - Minimal impact to overall life safety of occupants. **Fire Sentry Required**

Comments: \_\_\_\_\_

Cc: Fire Protection Impairment Permit Notification List

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**POST PERMIT IN WORK AREA AFFECTED BY THE IMPAIRMENT, AND ON  
APPROPRIATE ALARM OR SPRINKLER PANEL DURING IMPAIRMENT.  
REMOVE POSTINGS UPON RESTORATION OF THE FIRE PROTECTION SYSTEM  
AND PROVIDE A WRITTEN EMAIL NOTICE TO THE IMPAIRMENT COORDINATOR  
AT THE EMAIL ADDRESS NOTED ABOVE.**

Restoration of system Close Out by: \_\_\_\_\_ Close Out Date: \_\_\_\_\_