

SYRACUSE FIRE DEPARTMENT IMPAIRMENT NOTIFICATION FORM

****BESIDES NOTIFYING THE MONITORING STATION****

The below information **MUST** be emailed to FirePrevention@syr.gov.net when taking any fire protection system **OUT OF SERVICE**

Business Information	Date System OUT OF SERVICE		Time System OUT OF SERVICE		Name Of Contact Person		Contact Telephone Number					
	BUSINESS NAME											
	CONTACT NAME											
	ADDRESS			CITY		STATE		ZIP CODE				
CONTRACTOR INFORMATION	CONTRACTOR											
	ADDRESS			CITY		STATE		ZIP CODE				
	CONTACT NAME				TITLE		Contact Number					
IMPAIRMENT INFORMATION	Type of System											
	Automatic Fire Sprinkler		<input type="checkbox"/>	Fire Alarm		<input type="checkbox"/>	Kitchen Fire Suppression		<input type="checkbox"/>	Fire Suppression		<input type="checkbox"/>
	Reason System is OUT OF SERVICE											
	Repairs		<input type="checkbox"/>	Testing		<input type="checkbox"/>	Alteration		<input type="checkbox"/>	Other		<input type="checkbox"/>
	Type of Impairment											
Pre-Scheduled		<input type="checkbox"/>	Emergency		<input type="checkbox"/>	Damage or Hidden		<input type="checkbox"/>	Maintenance		<input type="checkbox"/>	

THE ABOVE FIRE PROTECTION SYSTEM WAS PUT BACK IN SERVICE AND FULLY OPERATIONAL **EXCEPT** AS NOTED BELOW.

Fire Protection System Return to Service Information
Please complete the information above when system is returned to service. Email to FirePrevention@syr.gov.net