

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**

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|-------------------------------|-----------------------------------|--------------------------|-----------------------------------|------------|-------------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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.

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