

Impairment Notice Building Fire System Impairment

Section 1 – General Information (Completed by requesting organization)		
Building Name:		
Building Address:		
Impairment Coordinator (Name and phone number):	Bob Slavik 303-273-3312 / 303-885-8557 (Primary); Ray Castillo 303-273-3263 / 720-496-7782 (Back up); Craig Crow 303-273-3356 / 303-421-0832 (Back up)	
CSM Project Manager (Name and phone number):		
Contractor (Company name, name of onsite representative and phone number):		
Section 2 – Impairment Information (Completed by requesting organization)		
System Impaired:		
Location:		
Impairment Details/Description:		
Hot work is associated with system Impairment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes provide details on hot work activity:
Start Time and Date:		
End Time and Date:		
Section 3 – Impairment Requirements and Controls (Completed by impairment coordinator)		
<input type="checkbox"/> Building operating restrictions required <ul style="list-style-type: none"> <input type="checkbox"/> Standard restrictions for Laboratory Buildings No Open Flame or Flammable Work, this includes: <ul style="list-style-type: none"> • No Bunsen burners • No welding, cutting, or spark producing work such as grinding • No work with pyrophorics, water reactives or explosives • No flowing of flammable gases or performing exothermic reactions • Heat producing experiments must be attended. <input type="checkbox"/> Standard restrictions for Non-Laboratory Buildings No hot work, this includes: <ul style="list-style-type: none"> • No open flames, • No welding, cutting, brazing, soldering • No spark producing activities such as grinding <input type="checkbox"/> Other restrictions required – <u>List:</u> <input type="checkbox"/> Notification identifying restrictions posted at entry door <input type="checkbox"/> Outage Notification for is to be posed at fire panel/annunciator next to building map <input type="checkbox"/> Outage Notification is to be sent to Golden FD, Building Occupants, and State Risk <input type="checkbox"/> Notify the Fire System monitoring company prior to impairing the fire protection system <input type="checkbox"/> Fire Watch Required – Complete the Fire Watch Form and brief workers to the requirements <input type="checkbox"/> Building Evacuation/Closure Required <input type="checkbox"/> Additional fire extinguishers are required – <u>Number/Type/Location:</u> <input type="checkbox"/> Temporary/standby protection is required – <u>Details:</u> <input type="checkbox"/> Spare sprinkler parts are required to be available <input type="checkbox"/> Hot work associated with the system impairment is authorized <input type="checkbox"/> Post Fire Department Connection (FDC) status – <u>Details:</u>		
Section 4 – Impairment Authorization		
Signature of Impairment Coordinator: _____ Date: _____		