

## FIRE MARSHAL'S OFFICE SYSTEM IMPAIRMENT REQUEST FORM

FAX TO (Fire): (972) 973-3453 or E-MAIL TO: [firemarshal@dfwairport.com](mailto:firemarshal@dfwairport.com) & [kfuquay@dfwairport.com](mailto:kfuquay@dfwairport.com)

**\*\*\*REQUESTS ACCEPTED MONDAY-FRIDAY (NORMAL BUSINESS HOURS ONLY)\*\*\***

|   |   |                                 |
|---|---|---------------------------------|
| Business Name:<br>Location:   |   | Request Date/Time:              |
| Fire/Security System Name / #<br>Fire protection (sprinkler)  |   | Impairment Start Date and Time: |
| Requested By:   |   |                                 |
| Contact Name:   | System Type: Dry stand pipe sprinkler   |                                 |
| Contact Phone   | Reason for Impairment: Commission___ De-Commission___<br>Demo ___ Test ___ Service ___ Maintenance ___ Other___ |                                 |
| <b>FIRE/SECURITY SYSTEM IMPAIRMENT ACTIVITY REQUEST</b>   |   |                                 |
| Start Time  | End Time  | IMPAIRMENT AREA IMPACTED        |
|   |   |                                 |
|   |   |                                 |
| <b>NOTIFICATION GROUP</b>   |   |                                 |
| <b>NO RESPONSE WITHIN 48 HRS OF NOTICE IMPLIES AGREEMENT</b>  |   |                                 |
| Agree   | Object  | Airport Board Stakeholders      |
|   |   | Asset Management                |
|   |   | ITS Life Safety                 |
|   |   | DPS Police/Fire                 |
|   |   | Terminal Management             |
|   |   | Airport Operations Center       |
| Yes   | No  | <b>Approved for Impairment</b>  |
| Planned Test, Maintenance, Service Details or SIDA Protection: <i>(Completed by Requestor)</i>  |   |                                 |
|   |   |                                 |
| Precautions to Be Taken due to Impairment: <i>(completed by Fire Prevention or Police Project Section and implemented by requestor)</i>   |   |                                 |
| ___Notifications made and approved    ___Hazardous Processes Ceased   |   |                                 |
| ___Hot Work Prohibited                    ___Smoking Prohibited   |   |                                 |
| ___Fire Watch Required                    ___Temporary Fire/SIDA Protection Requested   |   |                                 |
| ___Fire Alarm System Disabled            ___Testing/Service/Maintenance - 11pm to 4am   |   |                                 |
| ___Security Systems(CCTV, SIDA, AOA)    ___Elevator/Door#_____  |   |                                 |
| Impairment = Test, service or maintain fire suppression, detection, control equipment, security systems (CCTV, SIDA, AOA, Alarms, Access Control, etc.) or any sub-system including elevators / doors that would impede normal performance or function as designed and approved. Please include location and elevator / door number. This includes permanent as well as temporary impairments due to construction or any other activities. <b>There is a 48 hour minimum notification period.</b> |   |                                 |
| FIRE PREVENTION / IMPAIRMENT COORDINATOR:   |   |                                 |
|   |   |                                 |

**\*IS COORDINATION WITH DPS COMPLETE?** \_\_\_\_\_