



# IMPAIRED SYSTEM

Date/Time:
Estimated restoration date/time:
Fire Watch or on site phone # for immediate assistance by Benton County Fire District #4: _____
Impairment Coordinator (Printed name):
Phone:
Service Company Rep (Printed name):
Phone:

System Impaired (Circle):	Fire alarm	Sprinkler	Smoke Control	Fixed Suppression
Other (Note type):				

Bldg Name
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Bldg Address:	Floor(s):
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Description of impairment:
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*The Impairment Tag is to be completed by either the impairment coordinator or the service tech; tag must be placed on the Fire Department Connection (FDC) and/or the Fire Alarm Control Panel (FACP)*

**----- Print on 8.5 x 11 paper; fold in half on dotted line and place in plastic sleeve -----**



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