### SECTION 1: Reporting Party’s Information

Name of person reporting impairment

Phone: E-mail Address:

Company Name:

### SECTION 2: Building’s Information

Building Name:

Building Address:

Building Owner/Occupant:

Phone: E-mail Address:

### SECTION 3: Impaired System Information

I am reporting a:  
- [ ] Scheduled Impairment  
- [ ] Unscheduled Impairment

Type of Impairment:  
- [ ] Suppression System  
- [ ] Fire Alarm  
- [ ] Smoke Control  
- [ ] UL 300 System  
- [ ] Emergency Generator  
- [ ] Other: __________________________

Details on system location(s) and/or zone(s) affected: _______________________________________________________

Impairment began (or will begin) on:  
Date: ________________ Time: ________________

System will be restored to service (estimated) on:  
Date: ________________ Time: ________________

Fire watch implemented:  
- [ ] Yes  
- [ ] No  
*Note: BCFD4 will notify you if additional mitigations are necessary*

Check each of the following that have been done in order to notify building tenants? (Mark all that apply)

- [ ] E-mail each tenant  
- [ ] Post signs in lobby and at entrances to suites  
- [ ] Distribute flyers  
- [ ] Call each business that will be affected

Name of Impairment Coordinator  
Phone number  
E-mail address

Name of person on site  
Phone number  
E-mail address

### INSTRUCTIONS FOR NOTIFYING THE BELLEVUE FIRE DEPARTMENT OF SYSTEM IMPAIRMENTS

Benton County Fire District # 4 must be notified immediately regarding any emergency impairment that is anticipated to last more than 10 hours. BCFD # 4 must be notified a minimum of 5 business days, in advance, of any planned impairments that will last more than 10 hours. The notification process has two mandatory steps:

1) Submit this form to the City of West Richland Building Department
2) Call the Benton County Fire District # 4 Business Office: 509-967-2945
   *(If Benton County Fire District #4 cannot be reached contact SECOMM (Benton County Dispatch) Non-Emergency: 509-628-0333)*