



## Fire Protection Impairment Notice

Please automatically submit or email this form to [OptaPreciseRiskRegister@verisk.com](mailto:OptaPreciseRiskRegister@verisk.com)

School District \_\_\_\_\_

Location Impaired \_\_\_\_\_ City \_\_\_\_\_

**Impairment** Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
Area Affected \_\_\_\_\_

**Closure** Sprinkler Valve No. \_\_\_\_\_ Valve No. \_\_\_\_\_ Pump No. \_\_\_\_\_ Hydrant No. \_\_\_\_\_ Municipal Main \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cause**  Fire  Tripping  Sprinkler Repairs  Renovations  
 Fire Main Repairs  Freeze-Up  
 Tie-In  Other (please specify)  
 Accident  
Comments \_\_\_\_\_

**Precautions Taken**  Public/plant fire department advised  Watchman Patrol  
 Hot Work (cutting/welding/grinding) discontinued in area  
 Fire hose laid from hydrant to area  
 Extra extinguishers on hand  
 Secondary alarm/evacuation system available  
Comments \_\_\_\_\_

**Restoration**  Valves fully re-opened  Drain test completed  
 Valves locked  Power restored  
Comments \_\_\_\_\_

Protection Restored: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Sender (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature (If sending by email the signature will be implied)