



Schools Protection Program
PO Box 3586
Victoria, BC V8W 3W6
Telephone: (250) 356-1794
Fax: (250) 356-6222
Email: Protection.Program@bc spp.org

Fire Protection Impairment Notice

Please automatically submit or email this form to OptaPreciseRiskRegister@verisk.com

Submit

Reset

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

<input type="checkbox"/> Fire	<input type="checkbox"/> Tripping	Comments <div style="border: 1px solid black; height: 80px;"></div>
<input type="checkbox"/> Sprinkler Repairs	<input type="checkbox"/> Renovations	
<input type="checkbox"/> Fire Main Repairs	<input type="checkbox"/> Freeze-Up	
<input type="checkbox"/> Tie-In	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Accident		

Precautions Taken

<input type="checkbox"/> Public/plant fire department advised	Comments <div style="border: 1px solid black; height: 80px;"></div>
<input type="checkbox"/> Watchman Patrol	
<input type="checkbox"/> Hot Work (cutting/welding/grinding) discontinued in area	
<input type="checkbox"/> Fire hose laid from hydrant to area	
<input type="checkbox"/> Extra extinguishers on hand	
<input type="checkbox"/> Secondary alarm/evacuation system available	

Restoration

<input type="checkbox"/> Valves fully re-opened	Comments <div style="border: 1px solid black; height: 60px;"></div>
<input type="checkbox"/> Drain test completed	
<input type="checkbox"/> Valves locked	
<input type="checkbox"/> Power restored	

Protection Restored: Date _____ Time _____ am/pm _____

Sender (Please Print) _____ Date _____

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