



Schools Protection Program  
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## Fire Protection Impairment Notice

Please automatically submit or email this form to [riskregister@scm.ca](mailto:riskregister@scm.ca)

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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm \_\_\_\_\_

Protection Restored: \_\_\_\_\_

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

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