

Fire alarm impairment notice

NFPA 72 · 2022 edition · impairment notice and record (Section 10.21) · blank form to print and fill by hand

Property

Property name _____

Property address _____

State (two letters) _____

County _____

Owner or owner's representative _____

Their phone _____

Their email _____

The impairment

Planned or emergency ☐ Planned (work on the system, testing, reprogramming)
☐ Emergency (damage, failure, fault)

What is inoperable ☐ The entire system ☐ A substantial portion of the system
☐ Part of the system (zone, floor, circuit)
☐ One function (for example, door release or elevator recall)
☐ One component

Areas, zones or devices affected _____

Cause and description _____

Impaired since — date and time _____

Expected back in service — date and time _____

Is off-site monitoring still working? ☐ Yes ☐ No — signals do not reach the supervising station
☐ Not monitored

Notices

The owner or owner's representative is notified (10.21.1). A system out of service for more than 8 hours — the entire system or a substantial portion — is reported by the service provider to the authority having jurisdiction (10.21.4). Where monitoring has been terminated, the supervising station reports it to the authority having jurisdiction (10.21.3).

Owner or representative notified — date and time _____

Notified person and how (in person, phone, email) _____

Supervising station told — date and time _____

Out of service for more than 8 hours? ☐ Yes ☐ No

Authority having jurisdiction notified — date and time _____

Authority having jurisdiction — office, person and how _____

While impaired

Where the authority having jurisdiction requires it, mitigating measures are put in place for the time the system is impaired (10.21.5). The annex describes a range from telling the occupants to a full-time fire watch, decided case by case.

Mitigating measures required by the AHJ? ☐ Yes ☐ No

Measures in place (fire watch, who, from when) _____

Back in service

When the impairment ends, the owner or representative and the authority having jurisdiction are notified (10.21.6).

Restored — date and time _____

What was done _____

Restored parts tested and working? ☐ Yes ☐ No

Owner or representative notified of the end — date and time _____

Authority having jurisdiction notified of the end — date and time _____

Signature

I gave notice of this impairment and recorded it as shown above.

Name (print) _____

Signature _____

Date _____

Organization _____

Title _____

Phone _____

Signature

I was told the fire alarm system is impaired as described above. I will keep this record for 1 year after the impairment is corrected.

Name (print) _____

Signature _____

Date _____

Prefer your phone? strobeline.com/app keeps each building's device list, records results with no signal, signs on site and sends the owner a link to the stored record.