



**Seattle Fire Marshal's Office**  
220 3<sup>rd</sup> Avenue South, 2<sup>nd</sup> Floor  
Seattle, WA 98104  
(206) 386-1340

## REPORT OF IMPAIRED SYSTEM

For planned or emergency impairments to fire protection systems with a duration of more than 8 hours

[SFD Administrative Rule 9.04](#)

<b>SECTION 1: REPORTING PARTY INFORMATION</b> Name of person reporting impairment: _____ Phone number: _____ Email: _____ Company name: _____ Date: _____ Time: _____	<b>SECTION 2: BUILDING INFORMATION</b> Building name: _____ Building address: _____ Building owner or occupant: _____ Occupant's phone (if known): _____ Email address: _____
---	--

**SECTION 3: IMPAIRED SYSTEM INFORMATION**

I am reporting a:  Planned Impairment  Emergency Impairment

System affected and specific location: \_\_\_\_\_

Nature of impairment: \_\_\_\_\_

Technician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Impairment coordinator: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
(Property owner or designated agent)

**SECTION 4: MITIGATION MEASURES – Complete applicable section below**

<b>Planned Impairment (to be completed by Impairment Coordinator)</b>	<b>Emergency Impairment (to be completed by Technician)</b>
Impairment period start: Date: _____ Time: _____	Technician name: _____
Impairment period end (estimated): Date: _____ Time: _____	Phone: (_____) _____ Email: _____
Fire watch scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected to last 8 hours or more? <input type="checkbox"/> Yes <input type="checkbox"/> No
Building occupants notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Impairment coordinator notified of impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Onsite responsible representative: Name: _____	Impairment coordinator notified whether a fire watch is required (see requirements/exceptions in Client Assist Memo <a href="#">5991</a> )? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Means of notification: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email

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

SFD must be notified immediately of emergency impairments that are anticipated to last 8+ hours. SFD must be notified 5 business days in advance of planned impairments that will last 8+ hours. The notification process has two mandatory steps:

1. Email this form to [SFD\\_Impairments@seattle.gov](mailto:SFD_Impairments@seattle.gov)
2. Submit report of red-tagged system to SFD using [www.thecomplianceengine.com](http://www.thecomplianceengine.com).