



IMPAIRED SYSTEM

Date/Time:
Estimated restoration date/time:
Fire Watch or on site phone # for immediate assistance by Bellevue Fire Department: _____
Impairment Coordinator (Printed name):
Phone:
Service Company Rep (Printed name):
Phone:

System Impaired (Circle):	Fire alarm	Sprinkler	Smoke Control	Fixed Suppression
Other (Note type):				

Bldg Name

Bldg Address: _____ Floor(s): _____

Description of impairment:

The Impairment Tag is to be completed by either the impairment coordinator or the service tech; tag must be placed on the FDC and/or the FACP

----- **Print on 8.5 x 11 paper; fold in half on dotted line and place in plastic sleeve** -----



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