



## Shoreline Fire Marshal's Office

17525 Aurora Ave N.  
Shoreline, WA 98133

# REPORT OF IMPAIRED SYSTEM

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

<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: _____
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**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**

Planned Impairment (to be completed by Impairment Coordinator)	Emergency Impairment (to be completed by Technician)
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 SHORELINE FIRE DEPARTMENT OF SYSTEM IMPAIRMENTS

SHFD must be notified immediately of emergency impairments that are anticipated to last 8+ hours. SHFD 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 [impairments@shorelinefire.com](mailto:impairments@shorelinefire.com)
2. Submit report of red-tagged system to SHFD using [www.thecomplianceengine.com](http://www.thecomplianceengine.com).