



University, College & Institute Protection Program
PO Box 3586
Victoria, BC V8W 3W6
Telephone: (250) 356-1794
Fax: (250) 356-6222

Fire Protection Impairment Notice

Please email or fax this form to:

Protection.Program@bcucipp.org
Fax: (250) 356-6222

Institution _____

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 Comments
 Sprinkler Repairs Renovations
 Fire Main Repairs Freeze-Up
 Tie-In Other (please specify)
 Accident

Precautions Taken Public/plant fire department advised Comments
 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

Restoration Valves fully re-opened Comments
 Drain test completed
 Valves locked
 Power restored

Protection Restored: Date _____ Time _____ am/pm

Sender (Please Print) _____ Date _____

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