



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

Comments _____

Precautions Taken _____

- Public/plant fire department advised
- 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

Comments _____

Restoration _____

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

Comments _____

Protection Restored: _____ Date _____ Time _____ am/pm _____

Sender (Please Print) _____ Date _____

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