



**Seattle Fire Marshal's Office**  
 220 3<sup>rd</sup> Avenue South, 2<sup>nd</sup> Floor  
 Seattle, WA 98104  
 (206) 386-1450

## REPORT OF IMPAIRED SYSTEM

For planned or emergency impairments to fire protection systems with a duration of more than 8 hours  
 SFD Administrative Rule 9.04.14

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

<p><b>Planned Impairment (to be completed by Impairment Coordinator)</b></p> <p>Impairment period start:</p> <p>Date: _____ Time: _____</p> <p>Impairment period end (estimated):</p> <p>Date: _____ Time: _____</p> <p>Fire watch scheduled?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Building occupants notified?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Onsite responsible representative:</p> <p>Name: _____</p>	<p><b>Emergency Impairment (to be completed by Technician)</b></p> <p>Technician name: _____</p> <p>Phone: (____) _____ Email: _____</p> <p>Expected to last 8 hours or more?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Impairment coordinator notified of impairment?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Impairment coordinator notified that a fire watch is required by SFD?</p> <p style="text-align: center;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Means of notification:</p> <p style="text-align: center;"><input type="checkbox"/> Phone      <input type="checkbox"/> Fax      <input type="checkbox"/> Email</p>
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**INSTRUCTIONS FOR NOTIFYING THE SEATTLE FIRE DEPARTMENT OF SYSTEM IMPAIRMENTS**

SFD must be notified immediately regarding any emergency impairment that is anticipated to last more than eight hours. SFD must be notified a minimum of five business days in advance of planned impairments that will last more than eight hours. The notification process has two mandatory steps:

1. Email this form to the Seattle Fire Department at [SFD\\_Impairments@seattle.gov](mailto:SFD_Impairments@seattle.gov).
2. Call the SFD impairments hotline at (206) 233-7219 and leave a message.