

KSU Department of Environmental Health & Safety

Date: _____

Fire Protection Equipment Impairment Notice Form

Fire Alarm

Fire Sprinkler System

Email this form to safety@ksu.edu and jlchatmo@ksu.edu.

Once the equipment is back in working order, please notify us by emailing safety@ksu.edu and jlchatmo@ksu.edu with an attached picture of the device in working order and your fire watch log attached.

1. Reporting Person's Name: _____
2. Phone # _____
3. Are you the contact person? **Yes** **No**
4. Contact Person's Name: _____
(contact person is responsible for notifying staff and occupants)
5. Person conducting fire watch: _____

Phone # _____

Local Information

(where will the impairment occur?)

6. Building Name: _____

City: _____
7. Phone #: _____
8. Location of Impairment (Entire building or area affected):

Nature of Impairment

9. Cause of Impairment: _____
10. Date/Time of Impairment: _____