Interior Health	Title: **Fire Protection Impairment Permit**	Document No.:	Approved By:
	Author:	Revision No.:	Date Approved:

Work Order Number:		**Method Statement / Risk Assessment Number:**	
Permit Number:			

Section 1 to be completed by the Permit Requester

Permit Requester	Name:		Company:	
Intended Work Area	Building:		Location Number:	

Affected Area(s):

Cause of Impairment:

Section 2 to be completed by the Permit Requester

Type of Equipment Impaired:	
Sprinkler	
Fire pump	
Water Tank	
Water Supply	
Underground Main	
Alarm Panel	
Fire Detection	
Smoke Detection	
Other (Describe)	
Other (Describe)	

Precautions Taken:	
Management Notified	
Insurance Company(s) Notified	
Emergency Response Team / Fire Department Notified	
Additional Fire Rounds (Describe)	
Inside Hoses in Service	
Fire Extinguishers Available and Serviceable	
Hazardous Operations Stopped	
Temporary Water Supply Available	
System to be Restored by the End-of-Shift	
Other (Describe)	
Other (Describe)	

Section 3 to be completed by the Permit Requester and the Permit Authorizer

Permit Valid From:	Start Date:		Start Time:	
To:	End Date:		End Time:	
Duration:				
	Print Name	**Signature**	**Date**	**Time**
Permit Requester:				
Permit Authorizer:				

Section 4 to be completed by the Permit Requester and the Permit Authorizer

I am satisfied that this work has been completed satisfactorily and that the area has been left in a safe and clean condition.

	Print Name	**Signature**	**Date**	**Time**
Permit Requester:				
Permit Authorizer:				