

- No spark producing activities such as grinding

- impairment.

Example: Impairment Notice to be completed, sent to Fire Department and insurance company, and posted on Fire Panels

		LORADOSCHOOLOFMINES				
Impairment Notice						
Building Fire System Impairment						
Section 1 – General Information (Completed by requesting organization)						
Building Name:						
Building Address: Impairment Coordinator	Trent Wolf 30	03-273-3397 / 303-725-8857 (Primary)				
(Name and phone number):	Ricky Stogsdi	ill 303-273-3288 / 303-870-2042 (Back up)				
(Name and priorie number).	Jason Forester 303-273-3418 / 720-291-4295 (Back up)					
	Craig Crow 303-273-3356 / 303-421-0832 (Back up) Bob Slavik 303-273-3312 / 303-885-8557 (Back up)					
CSM Project Manager						
(Name and phone number):						
Contractor						
(Company name, name of onsite						
representative and phone number): Section 2 – Impairment Informa	tion (Comple	ided by requesting organization)				
System Impaired:	tion (comple	and of reductions of animation.				
Affected Area/Location:						
Impairment Details/Description/						
Specific Location:						
Has a GFD Permit been issued	Yes	If yes, list the permit number:				
for this work?	🗆 No					
Hot work is associated with	Yes	If yes provide details on hot work activity:				
system Impairment:	🗆 No					
Start Time and Date:						
End Time and Date:						
		Controls (Completed by impairment coordinator)				
Building operating restrictions r						
Standard restrictions for No Open Flame or Flammable						
No Bursen burners	e work, uns mor	udes.				
<ul> <li>No welding, cutting, or</li> </ul>	spark producin	é work such as érindiné				
<ul> <li>No work with pyrophori</li> </ul>						
<ul> <li>No flowing of flammable</li> </ul>	le gases or perf	forming exothermic reactions				
<ul> <li>Heat producing experim</li> </ul>	ments must be a	attended.				
Standard restrictions for	or Non-Labo	pratory Buildings				
No hot work, this includes:						
<ul> <li>No open flames,</li> </ul>						
No welding, cutting, bra						
<ul> <li>No spark producing act</li> <li>Other restrictions requi</li> </ul>		\$man\$				
Other restrictions required – List Notification identifying restrictions posted at entry door						
Impairment Notice to be posed at the building's fire panel and annunciator panel						
Notification of impairment is to be sent to Golden FD, Building Occupants, and Insurance Company						
☑ Notify the Fire System monitoring company prior to impairing the fire protection system						
☑ Post Fire Department Connection (FDC) status – Details:						
Post/Red Tag fire protection system control valve						
Fire Watch Required – Complete the Fire Watch Form and brief workers to the requirements						
Building Evacuation/Closure Required						
Additional fire extinguishers are required – Number/Type/Location:						
	Additional life excliguishers are required – Number/Type/Location.     Temporary/standby protection is required – Details:					
	Spare sprinkler parts are required to be available     Hot work associated with the system impairment is authorized					
Section 4 – Impairment Authorization						
Signature of Impairment Coordina	tor:	Date:				
		Rev. December 2019				

	0	COLORADOSCHO		MINES			
	0			-Intes			
Fire Watch Building Fire System Impairment (Supplement to Fire System Impairment Notice)							
Section 1 – General Informatio							
Building Name:							
Building Address:	Trant Wolf	202 272 2207 / 202 725 8	867 /Drima	a //: Biala: Chanadill 202	272 2200 / 202 070 2042		
Impairment Coordinator (Name and phone number):	Trent Wolf 303-273-3397 / 303-725-8657 (Primary); Ricky Stogsdill 303-273-3288 / 303-870-2042 (Back up); Jason Forester 303-273-3418 / 720-291-4295 (Back up); Craig Crow 303-273-3356 / 303-421-0832 (Back up); Bob Slavik 303-273-3312 / 303-885-8557 (Back up)						
CSM Project Manager							
(Name and phone number):	<u> </u>						
Contractor (Company name, name of onsite							
representative and phone number):							
Section 2 - Impairment Information	tion (Compl	eted by requesting organizatio	n or impairm	ent coordinator)			
System Impaired:							
Affected area within the building:							
Reason for Fire Watch	□ Impairm	ent will extend beyond 10 h	hours	Impairment exte	nds after hours		
	□ Fire par	el cannot annunciate alarm nel cannot notify Golden Fir	n in building	Emergency Outs			
Does the impairment affect Fire	□ Pire par	If yes then fire watch pers			a or phone access in the		
Panel ability to notify GFD?		immediate area to call 91		reed to have a deli phor	le or priorie access in the		
Does the impairment affect Fire	□ Yes	If yes, then will the fire	🗆 Yes	If no, then use	Building PA		
Panel ability to notify building	□ No	pull station initiate	□ No	alternate means of	Bull hom		
residence?		building notification?	_	notification, identify	Whistle		
				means in the next block	Verbal		
A				biobit	Other		
Start Time and Date:	<u> </u>						
End Time and Date: Section 3 – Fire Watch Details							
Fire Watch Personnel have		d duty requirements, check	the one th	at apolies			
been briefed to the following:		ey have no other duties oth					
	🗆 Lim	ited duties may be assigne	d; must ren	nain attentive in the buil	lding.		
		imary role, check the one the					
	_	ok for observable signs of s					
		ten for a fire alarm and call		e alarm is activated.			
	Monitor fire panel for incoming alarms They are to wear the Fire Watch vest provided during their patrols Continually patrol/monitor the affected area (refer to section 2) by:						
	Continu						
	Continu	ally patrol/monitor the affect alking through: Common areas					
	Continu	ally patrol/monitor the affect alking through:					
	Continu UW - - -	ally patrol/monitor the affect alking through: Common areas Corridors/Hallways Stainwells Food preparation areas	cted area (i				
	Continu UW - - -	ally patrol/monitor the affect alking through: Common areas Corridors/Hallways Stainvells Food preparation areas pening doors and looking in	cted area (i				
	Continu UW - - -	ally patrol/monitor the affect alking through: Common areas Corridors/Hallways Stainwells Food preparation areas	cted area (i				
	Continu W - - - - - - - - -	ally patrol/monitor the affect alking through: Common areas Corridors/Hallways Stainwells Food preparation areas pening doors and looking in Mechanical rooms Electrical rooms Laboratories	cted area (i				
	Continu W	ally patrol/monitor the affect alking through: Cormon areas Corridors/Hallways Stainvells Food preparation areas pening doors and looking in Mechanical rooms Electrical rooms Laboratories ther	sted area (i	refer to section 2) by:			
	Continu W	ally patrol/monitor the affect alking through: Cormon areas Corridors/Hallways Stainwells Food preparation areas pening doors and looking in Mechanical rooms Electrical rooms Laboratories therof smoke and/or fire is obset	sted area (i	refer to section 2) by:	ng actions:		
	Continu W W O V O V O V O V O V O V O V O V O V	ally patrol/monitor the affect alking through: Common areas Corridors/Hallways Stainvells Food preparation areas being doors and looking in Mechanical rooms Electrical rooms Laboratories ther of smoke and/or fire is observable all 911	erved then	refer to section 2) by:	•		
	Continu W W O O O O O O O O O O O O O O O O O	ally patrol/monitor the affect alking through: Common areas Corridors/Hallways Stainvells Food preparation areas bening doors and looking in Mechanical rooms Electrical rooms Laboratories her	erved then : pulling the i n section	they will take the followi nearest fire alarm pull s	tation or using an		
	Continu W W Op Op C Op C Op C Op C Op C Op C Op	ally patrol/monitor the affect alking through: Cormon areas Corridors/Hallways Stainwells Food preparation areas bening doors and looking in Mechanical rooms Electrical rooms Laboratories ther of smoke and/or fire is obse all 911 otify building occupants by temate means as identified out themselves in jeopardy	erved then : pulling the i n section	they will take the followi nearest fire alarm pull s	tation or using an		
	Continu Wi Op Op Of Of If signs Of Of If signs Of On of t notifical	ally patrol/monitor the affect alking through: Cormon areas Corridors/Hallways Stainvells Food preparation areas pening doors and looking in Mechanical rooms Electrical rooms Laboratories her of smoke and/or fire is obse all 911 otify building occupants by ternate means as identified out themselves in jeopardy tion	erved then the section when notify	they will take the followi nearest fire alarm pull s 2 ring building residence o	tation or using an using alternate means of		
	Continu	ally patrol/monitor the affect alking through: Cormon areas Corridors/Hallways Stainwells Food preparation areas bening doors and looking in Mechanical rooms Electrical rooms Laboratories ther of smoke and/or fire is obse all 911 otify building occupants by temate means as identified out themselves in jeopardy	erved then the section when notify	they will take the followi nearest fire alarm pull s 2 ring building residence o	tation or using an using alternate means of		
Person(s) performing Fire	Continu	ally patrol/monitor the affect alking through: Cormon areas Corridors/Hallways Stainvells Food preparation areas pening doors and looking in Mechanical rooms Electrical rooms Laboratories her of smoke and/or fire is obsect all 911 otify building occupants by ternate means as identified out themselves in jeopardy tion the impairment coordinator	erved then the section when notify	they will take the followi nearest fire alarm pull s 2 ring building residence o	tation or using an using alternate means of		
Person(s) performing Fire Watch	Continu	ally patrol/monitor the affect alking through: Cormon areas Corridors/Hallways Stainwells Food preparation areas bening doors and looking in Mechanical rooms Electrical rooms Laboratories ther of smoke and/or fire is obse all 911 otify building occupants by ternate means as identified out themselves in jeopardy tion the impairment coordinato erforming the Fire Watch.	erved then the section when notify	refer to section 2) by: they will take the followinearest fire alarm pull s 2 ving building residence of e section 1) if they have	tation or using an using alternate means of a questions or concerns		
	Continu	ally patrol/monitor the affect alking through: Cormon areas Corridors/Hallways Stainvells Food preparation areas pening doors and looking in Mechanical rooms Electrical rooms Laboratories her of smoke and/or fire is obsect all 911 otify building occupants by ternate means as identified out themselves in jeopardy tion the impairment coordinator	erved then the section when notify	refer to section 2) by: they will take the followinearest fire alarm pull s 2 ving building residence of e section 1) if they have	tation or using an using alternate means of		

### Example: Fire Watch Form

Example: Impairment Restriction Notice for Laboratory Buildings to be posted at Building Entrances

# NOTICE

## Fire protection system impairment

### No Open Flame or Flammable Work in Building

This means:

- No bunsen burners
- No welding, cutting, or spark producing work such as grinding
- No work with pyrophorics, water reactives or explosives
- No flowing of flammable gases or performing exothermic reactions
- Heat producing experiments must be attended

Effective date(s)/times: *Insert detail* Contact: *PM Name and phone number* 

Example: Impairment Restriction Notice for Non-Laboratory Buildings to be posted at Building Entrances

## NOTICE

Fire protection system impairment

**No Hot Work in Building** 

This means:

- · No open flames
- No welding, cutting, brazing or soldering
- No spark producing work such as grinding

Effective date(s)/times: Insert detail Contact: PM Name and phone number Example: Supplemental notice to be posted at Building Entrances when a Fire Watch is in place

# NOTICE

## **Fire Watch in Place**

This means:

- If you observe smoke or signs of fire, exit the building and call 911
- Follow Fire Watch Personnel direction for evacuation of the building

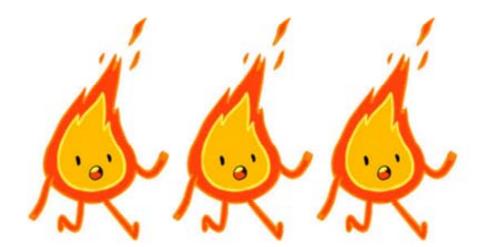


<b>Example: Fire Department Connection Status 1</b>	Гағ
---	-----

## **FIRE SYSTEM IMPAIRED**

## FDC OPERATIONAL YES NO PARTIAL

NOTES



Contact Facilities Management 303-273-3397

impairment as defined in NFPA 25, attach this red tag the applicable system riser. An authorized individual m	Example	
impairment as defined in NFPA 25, attach this red tag the applicable system riser. An authorized individual m remove this tag after a service tag has been attach indicating the condition has been corrected. Name of Owner or Occupant Address Building No. or Location or System No. List Emergency Impairments:		
Name of Owner or Occupant         Address         Building No. or Location or System No.         List Emergency Impairments:		
impairment as defined in NFPA 25, attach this red tag the applicable system riser. An authorized individual more remove this tag after a service tag has been attache indicating the condition has been corrected. Name of Owner or Occupant Address Building No. or Location or System No. List Emergency Impairments:		
the applicable system riser. An authorized individual maremove this tag after a service tag has been attached indicating the condition has been corrected.          Name of Owner or Occupant         Address         Building No. or Location or System No.         List Emergency Impairments:		
Name of Owner or Occupant         Address         Building No. or Location or System No.         List Emergency Impairments:	the applicable system riser. An authorized i remove this tag after a service tag has b	ndividual ma
Address Building No. or Location or System No. List Emergency Impairments:	indicating the condition has been corrected.	
Building No. or Location or System No. List Emergency Impairments:	Name of Owner or Occupant	
List Emergency Impairments:	Address	
List Emergency Impairments:		
	Building No. or Location or System No.	
	List Emergency Impairments:	

### or System Control Valves

### DO NOT REMOVE

BY ORDER OF GOLDEN FIRE MARSHAL

_			-	
91	t.	RED TAG	DEC	
17		Colorado School of Mines	2	2022
18	5	1318 Maple Street	NON	
st		Golden, CO 80401	oct	2021
20	5	303-273-3330	SEP	12
21			AUG	
22	L	RME's License Number	4	2020
23	-		IN	
24	9		NIN	
25	10	Printed Name of Service Person/Inspector	MAY	2019
26	=		-	
12	12	Signature of Authorized Service Person/Inspector	APR	2018
28	13		MAR	8
29	24	IMMEDIATELY REPORT STATUS TO OWNER AND AHJ	834	
30	15	[and in writing within 24 hours]	IAN	2017