

## Impairment Notice

### Building Fire System Impairment

Section 1 – General Information (Completed by requesting organization)		
Building Name:		
Building Address:		
Impairment Coordinator (Name and phone number):	Bob Slavik 303-273-3312 / 303-885-8557 (Primary) Jason Forrester 303-273-3418 / 720-291-4295 (Back up) Craig Crow 303-273-3356 / 303-421-0832 (Back up)	
Mines Project Manager (Name and phone number):		
Contractor (Company name, name of onsite representative and phone number):		
Section 2 – Impairment Information (Completed by requesting organization)		
System Impaired:		
Affected Area/Location:		
Impairment Details/Description/ Specific Location:		
Has a GFD Permit been issued for this work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the permit number:
Hot work is associated with system Impairment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes provide details on hot work activity:
Start Time and Date:		
End Time and Date:		
Section 3 – Impairment Requirements and Controls (Completed by impairment coordinator)		
<input checked="" type="checkbox"/> Building operating restrictions required <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard restrictions for Laboratory Buildings No Open Flame or Flammable Work, this includes:               <ul style="list-style-type: none"> <li>• No Bunsen burners</li> <li>• No welding, cutting, or spark producing work such as grinding</li> <li>• No work with pyrophorics, water reactives or explosives</li> <li>• No flowing of flammable gases or performing exothermic reactions</li> <li>• Heat producing experiments must be attended.</li> </ul> </li> <li><input type="checkbox"/> Standard restrictions for Non-Laboratory Buildings No hot work, this includes:               <ul style="list-style-type: none"> <li>• No open flames,</li> <li>• No welding, cutting, brazing, soldering</li> <li>• No spark producing activities such as grinding</li> </ul> </li> <li><input type="checkbox"/> Other restrictions required – <b>List:</b></li> </ul>		
<input checked="" type="checkbox"/> Notification identifying restrictions posted at entry door		
<input checked="" type="checkbox"/> Impairment Notice to be posed at the building's fire panel and annunciator panel		
<input checked="" type="checkbox"/> Notification of impairment is to be sent to Golden FD, Building Occupants, and Insurance Company		
<input checked="" type="checkbox"/> Notify the Fire System monitoring company prior to impairing the fire protection system		
<input checked="" type="checkbox"/> Post Fire Department Connection (FDC) status – <b>Details:</b>		
<input type="checkbox"/> Post/Red Tag fire protection system control valve		
<input type="checkbox"/> Fire Watch Required – Complete the Fire Watch Form and brief workers to the requirements		
<input type="checkbox"/> Building Evacuation/Closure Required		
<input type="checkbox"/> Additional fire extinguishers are required – <b>Number/Type/Location:</b>		
<input type="checkbox"/> Temporary/standby protection is required – <b>Details:</b>		
<input type="checkbox"/> Spare sprinkler parts are required to be available		
<input type="checkbox"/> Hot work associated with the system impairment is authorized		
Section 4 – Impairment Authorization		
Signature of Impairment Coordinator: _____ Date: _____		