

## FIRE PROTECTION SYSTEM IMPAIRMENT REQUEST FORM

AiM Work Order #:

Project / Permit #:

Building & Location:

Date & Time Work Starts:

Date & Time Work Ends:

System(s) Requiring Impairment:  
(select all that apply)

Fire Alarm

Sprinkler System

Fire Pump

Other:

Hot Work Taking Place:

Impairment Requested by:

Contact Number:

Email:

Party Performing Work:

Brief description of work being performed:

Once completed and signed, please 'save' and hit the 'SUBMIT' button below. Or print, scan and email the completed form to [kkilts@albany.edu](mailto:kkilts@albany.edu) & [efletcher@albany.edu](mailto:efletcher@albany.edu).

\_\_\_\_\_  
Signature

The below section is to be filled out by Code Administration Staff only.

### IMPAIRMENT APPROVED / REJECTED SECTION

**APPROVED:**

**IMPAIRMENT REJECTED:**

**ADDITIONAL INFORMATION REQUIRED:**

\_\_\_\_\_  
Code Administration Signature

- Contact Central Plant at 518-442-3444 **BEFORE** starting work.
- Cover smoke detectors if exposure to dust or other airborne contaminants is expected.
- Hot Work Permit may be required.
- Remove smoke detector covers at the end of each work day.
- Contact Central Plant at 518-442-3444 when work day is complete, and after all covers have been removed from smoke detectors.
- Notify Code Administration if any exceptions are requested or changes to the original scope of work is to take place.