

**SUNY Geneseo**  
**ENVIRONMENTAL HEALTH & SAFETY**

<b>Procedure No.: HS 002</b>	<b>Approved by: Robert Ames</b>
<b>Title: Fire Protection System Impairment</b>	<b>Date: May 13, 2024</b>
<b>Revision No.: 6</b>	<b>Page 5 of 8</b>
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**Appendix A**  
**Fire Protection System Impairment Form**

Location: \_\_\_\_\_

Impairment Date: \_\_\_\_\_ Requestor: \_\_\_\_\_  
 Inspection/Testing( )      Horns/Bells/Strobes ( )      Shut Downs/System Improve( )  
 Fire Hydrant Test ( )      Other ( )

**Expected duration** \_\_\_\_\_

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	<b>OUT OF SERVICE</b>	<b>IN SERVICE</b>
	<b>Date/Time</b>	<b>Date/Time</b>
1. Impairment Coordinator Notified at x5661 during work hours or 519-2073 during off-hours	_____	_____
2. UPD Notified at x5651	_____	_____
3. <b>Geneseo FD Chief</b> Notified by email <a href="mailto:andrew@chanleragency.com">andrew@chanleragency.com</a>	_____	_____
4. Residence Halls only if duration exceeds 8 hours	_____	_____
Follow up test report received/reviewed	_____	_____
	Initials	Date/Time