Fire Protection Impairment Permit

FIRE PROTECTION OUT OF SERVICE
Attach this portion of the permit tag to the Fire Department connection
Do not remove tag until valve is reopened.

Protecting _______________________ Valve Number ______________________________

Impaired: _________________________ _______________________ am/pm
Date Time
By ______________________________ Cell Phone __________________________

Authorized By _____________________ Cell Phone __________________________

Reason for Closing ________________________________________________________
________________________________________________________________________

Restored: _________________________ _______________________ am/pm
Date Time

By _____________________________________________________________________

Verified By ______________________________________________________________

UPON COMPLETION RETURN THIS TAG TO
THE FACILITIES FIRE SAFETY MANAGER

STUB

Western Nevada College

Fire Protection Impairment Permit

PROTECTING _______________________ Valve Number __________________

Impairment Date: ________________________________________________________

Key Telephone Numbers: ________________________________________________

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