



Mishawaka Fire Dept.
3000 Harrison Rd.
Mishawaka, IN 46544
(574) 257-0620

REPORT OF IMPAIRED SYSTEM

For planned or emergency impairments to fire protection systems with a duration of more than 8 hours

SECTION 1: REPORTING PARTY INFORMATION Name of person reporting impairment: _____ Phone number: _____ Email: _____ Company name: _____ Date: _____ Time: _____	SECTION 2: BUILDING INFORMATION Building name: _____ Building address: _____ Building owner or occupant: _____ Occupant's phone (if known): _____ Email address: _____
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SECTION 3: IMPAIRED SYSTEM INFORMATION

I am reporting a: Planned Impairment Emergency Impairment

System affected and specific location: _____

Nature of impairment: _____

Technician: _____ Phone: (_____) _____ Email: _____

Impairment coordinator: _____ Phone: (_____) _____ Email: _____
(Property owner or designated agent)

SECTION 4: MITIGATION MEASURES – Complete applicable section below

Planned Impairment (to be completed by Impairment Coordinator)	Emergency Impairment (to be completed by Technician)
Impairment period start: Date: _____ Time: _____	Technician name: _____
Impairment period end (estimated): Date: _____ Time: _____	Phone: (_____) _____ Email: _____
Fire watch scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected to last 8 hours or more? <input type="checkbox"/> Yes <input type="checkbox"/> No
Building occupants notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Impairment coordinator notified of impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Onsite responsible representative: Name: _____	Impairment coordinator notified whether a fire watch is required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Means of notification: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email

INSTRUCTIONS FOR NOTIFYING THE MISHAWAKA FIRE DEPARTMENT PREVENTION BUREAU OF SYSTEM IMPAIRMENTS

MFD must be notified immediately of emergency impairments that are anticipated to last 8+ hours. MFD must be notified 5 business days in advance of planned impairments that will last 8+ hours. The notification process has two mandatory steps:

1. Email this form to firemarshals@mishawaka.in.gov
2. Submit report of red-tagged system to MFD using www.thecomplianceengine.com.