



# NOTIFICATION OF IMPAIRED FIRE PROTECTION

Contact Jacksonville Fire Department (Phone 455-8080)

(Fax 455-4036)



Company Name: _____	Reported By: _____
Address: _____	Phone Number: _____
Area/Building Affected: _____	Date Reported: _____
	Time Reported: _____

**Impairment to Occur On:**                      Date: \_\_\_\_\_                      Time: \_\_\_\_\_

Anticipated Duration of Impairment:                      \_\_\_\_\_ Days                      \_\_\_\_\_ Hours

**System Impaired:**

Main Water Supply                       Fire Pump

Fire Alarm System                       Fire Hydrant # \_\_\_\_\_ (or location)

Sprinkler System – Area Protected \_\_\_\_\_

Other – Explain: \_\_\_\_\_

**Occupancy of Impaired Area:**

Manufacturing                       Storage                       Business                       Mercantile

Other: \_\_\_\_\_

**Purpose of Impairment:**

Repair                       Alteration to System

Other (Explain) \_\_\_\_\_

**Protective Measures Taken:**

Fire Watch                       Additional Portable Extinguishers in Area

Fire Department Notified                       Manufacturing Operations Suspended

Other (Explain) \_\_\_\_\_

**Contacts Made (By JFD Staff):**

Dispatch                       On-Duty Battalion Chief                       Other: \_\_\_\_\_

(Name) \_\_\_\_\_                      (Name) \_\_\_\_\_

**System Restoration:**

Date/Time System Restored to Service \_\_\_\_\_

Reported by: \_\_\_\_\_                      Notification Received by: \_\_\_\_\_