

### IMPAIRED FIRE PROTECTION SYSTEMS REPORT

<b>Reporting Office:*</b>	<b>Fiscal Year:*</b>	<b>Quarter:*</b>
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**INSTRUCTIONS:** ENTER IDENTIFYING INFORMATION FOR **IMPAIRED FIRE PROTECTION SYSTEMS ONLY** AND RECORD YES OR NO BELOW AS APPROPRIATE.

*\*Required fields*

#### FIRE PROTECTION SYSTEM SUMMARY

IA-FMS Site ID	Legacy Location Code	Building Description	Building Number	System Type	Entered in S&CAP?	S&CAP Inspection Report Number	Fire watch plan implemented?	Fire watch plan copy provided to DSRM?	Service Contract in place?	Emergency Force Notification Provided?	Abatement Plan Status