Fire Protection System Impairment Plan

Registration #

Property Name

Property Address

System Impaired Select One ☐ Partial Impairment ☐ Total Impairment

Start Date Start Time End Date Start Time

Impairment Coordinator Phone Number

Description of work to be done
Attach additional sheets if needed

Identified Areas of Increased Risk

Example: Storage of Flammable Liquids

☐ Fire Official Notified Day of Work (609) 730-8156 ☐ Hopewell Township Police Notified Day of Work (609) 730-3100 x0

Supervisors in affected areas have been notified Select One Insurance Company/Carrier has been notified Select One

☐ Out of Service Tags have been placed on all affected equipment, including Fire Department Connection, if applicable

Contractor Business Name

Contractor DFS P-Number Contractor Phone Number

Signature of Impairment Coordinator

Date Submitted

Impairment Plan to be submitted not less than 5 business days prior to the scheduled work date.

Submit completed form to:
Hopewell Valley Bureau of Fire Safety
201 Washington Crossing Pennington Road
Titusville, NJ 08560
Form may be faxed to 609-730-1563

****Please confirm receipt of form at 609-730-8156****