

STATE NOTIFICATION OF FIRE PROTECTION DECLARED OUT OF SERVICE

Instruction: This form should be faxed to the company Firesafety Coordinator if any of the below responses to ACTION TAKEN are "NO". (Impairment handling not in accordance with section 6 of BSP 770-340-900)

Location Code \_\_\_\_\_ Building Name \_\_\_\_\_  
Type of Building \_\_\_\_\_ Equipment Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Description of impairment: \_\_\_\_\_  
\_\_\_\_\_

Type of Impairment: \_\_\_\_\_ Concealed \_\_\_\_\_ Emergency \_\_\_\_\_ Planned  
Date Out of Service \_\_\_\_\_ Time Out of Service \_\_\_\_\_  
Estimated Date In Service \_\_\_\_\_ Estimated Time In Service \_\_\_\_\_  
\_\_\_\_\_ Substantial Impairment \_\_\_\_\_ % Impaired Area

<u>ACTION TAKEN</u>	YES	NO
Precautionary Measures. . . . .	_____	_____
Substantial impairment work activities immediately started and continued . . . . .	_____	_____
Substantial impairment work estimated or actually completed within three days. . . . .	_____	_____
All other impairment work estimated or actually completed within one week. . . . .	_____	_____
Impaired area monitored if left unattended every _____ 1 hr. _____ 2 hr. _____ 3 hr. _____ 4 hr.	_____	_____
Fire Protection System Out Of Service Tag in place. . . . .	_____	_____

Reason for non-compliance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

PROPRIETARY

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