



Health Care Protection Program (HCPP)
 PO Box 3586
 Victoria, BC V8W 3W6

Fire Protection Impairment Notice

Health Care Agency

Location Impaired	City
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Impairment	Date	Time	am/pm
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Area Affected

Closure	Sprinkler Valve No.	Valve No.	Pump No.	Hydrant No.	Municipal Main

Cause	<input type="checkbox"/> Fire <input type="checkbox"/> Testing <input type="checkbox"/> Sprinkler Repairs <input type="checkbox"/> Renovations <input type="checkbox"/> Fire Main Repairs <input type="checkbox"/> Freeze-Up <input type="checkbox"/> Tie-In <input type="checkbox"/> Maintenance <input type="checkbox"/> Accident <input type="checkbox"/> Other (please specify)	Comments

Precautions Taken	<input type="checkbox"/> Public/plant fire department advised <input type="checkbox"/> Watchman patrol <input type="checkbox"/> Hot Work (cutting/welding/grinding/hazardous operations) discontinued in area <input type="checkbox"/> Temporary water supply <input type="checkbox"/> Supervision of any contractor <input type="checkbox"/> Fire hose laid from hydrant to area <input type="checkbox"/> Extra extinguishers on hand	Comments

Restoration	<input type="checkbox"/> Valves fully re-opened <input type="checkbox"/> Drain test completed <input type="checkbox"/> Valves locked <input type="checkbox"/> Power restored	Comments

Date	Time
Protection Restored:	

Sender	Date
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Sender Email Address	Alternate Email Address
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Click Submit to email the completed form