

Aurora Fire Prevention Bureau
5 E. Downer Pl. Suite G
Aurora, IL. 60505
(630) 256-4130 Fax (630) 256-4139
www.aurora-il.org

Fire Watch and Impairment Requirements

Any building containing a required Fire Protection system (fire alarm, sprinkler, fire pump, etc) and that system is out of service for more than 4 hours and occupied; is required to establish a fire watch. This **must** be the only job duty the person assigned to the fire watch is performing during that time period and that person must be provided with at least one method of contacting the Fire Department in an emergency. In addition, the building owner is required to have an impairment coordinator. The out of service equipment must be tagged "out of service" and that tag must be placed at the fire alarm panel and the fire department connection. (Reference 2009 International Fire Code Chapter 9 Section 901.7)

Steps to take for impairment

1. The extent and expected duration of the impairment have been determined.
2. The area or buildings involved have been inspected and the increased risk determined.
3. Recommendations have been submitted to management/building owner.
4. The Fire Department has been notified.
5. The insurance carrier, Alarm Company, building owner/ manager and other authorities having jurisdictions have been notified.
6. The supervisors in the area affected have been notified.
7. A tag impairment system has been implemented.
8. Necessary tools and materials have been assembled on the impairment site.

Fill in the below information and fax to the Fire Prevention Bureau

Please Print

Address _____

Impairment (check one) (attach additional information if needed)

Planned Emergency

System Impaired (explain) _____

Time out of Service _____ Date out of Service _____

Impairment Coordinator Name _____ Phone #() _____

Fire Watch #1 _____ Fire Watch #2 _____

Fire Watch #3 _____ Fire Watch #4 _____

Explain Impairment _____

Tag Placement _____

Repair Contractor _____

Time returned to service _____ Date returned to service _____

Battalion Chief _____ Incident# _____ Date _____

Office Use Received _____ Action _____ By Whom _____ Date _____