



University of Massachusetts- Lowell

Environmental & Emergency Management

600 U.S. Street, Suite 140, Lowell, MA 01854

(978) 934-2618

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System Impairment(s) Request/Notification

1. Lowell FD Radio Box #: _____ CAMIS Work Order #: _____

2. Date/Time requested: _____
Planned Impairment Planned Restoration

3. Location of Impairment: _____
Building Name Room(s)/Area

Address of Impairment: _____
Number Street Name

4. UML Project Manager: _____

DCAM/UMBA Project Manager: _____

5. Type of Safety System(s) Impairment Needed (check all that apply):

<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Halon	<input type="checkbox"/> Emergency Showers
<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Wet Chemical	<input type="checkbox"/> Eye Wash Station
<input type="checkbox"/> Standpipe	<input type="checkbox"/> Dry Chemical	<input type="checkbox"/> Bio/Chemical Hood(s)
<input type="checkbox"/> Fire Pump	<input type="checkbox"/> CO ₂ System	<input type="checkbox"/> Emergency Generator
<input type="checkbox"/> Egress System	<input type="checkbox"/> Toxic Gas Alarm	

6. Description/Reason For Impairment:

7. Interim Fire/Life Safety measures proposed(Check all that apply):

<input type="checkbox"/> Office of Life Safety Notified	<input type="checkbox"/> Continuous Work Authorized
<input type="checkbox"/> Fire Department Notified	<input type="checkbox"/> Ongoing Patrol of Area
<input type="checkbox"/> Occupants Notified	<input type="checkbox"/> Hydrant Connected to Sprinkler
<input type="checkbox"/> Hazardous Operations Stopped	<input type="checkbox"/> Pipe Plugs on hand
<input type="checkbox"/> Hot Work Prohibited	<input type="checkbox"/> Fire Hose laid out
<input type="checkbox"/> Smoking Restricted	<input type="checkbox"/> Additional Fire Extinguishers
<input type="checkbox"/> Experimentation suspended	<input type="checkbox"/> Appropriate Portable Generator

Requester: _____

Date of Request: _____

Firm: _____

Phone No.: _____

Email: _____

Fax: _____

Revised August 13, 2018