

BROWN UNIVERSITY IMPAIRMENT REQUEST FORM
DEPARTMENT OF PUBLIC SAFETY FIRE SAFETY OFFICE

Today's Date:		Impairment Date:		FSO Control #																			
Building Name:		Building Address:		Occupancy Type:		Number of Floors:																	
Occupied Building?		Yes or No		Impairment Type																			
				Sprinkler		Standpipe		Fire Alarm		Fire Pump		Other (Describe)											
FA Box #		Mark with X to all that apply:																					
Start Time:		End Time:		Estimated End Date:																			
Reason for Impairment:																							
Impairment Location:		What portion(s) of the building will be impaired? Be specific																					
Impairment Point:		Where is the impairment created? Valve location, valve number, fire alarm loop, etc.																					
Brown Project or Const. Manager :		PM or CM Sign Off:		Contact #																			
Responsible Person:		Company:		Contact #																			
General Contractor:		Company:		Contact #																			
Authorized Person:		Company:		Contact #																			
Building Manager:		Date Notified:		Contact #																			
Additional Comments:																							
FSO OFFICE USE ONLY																							
Main Campus Index # 443503				Knowledge District. 471316				10 Park Lane															
Fire Safety Notified				Date:				Time:				By:											
Fire Watch Required?				Yes				No				Responsible Person Notified?				Yes				No			
Permit Approved?				Yes				No				By:				Date:							
Comments:																							
Out of Service																							
Approved By:				AXA XL Notified Time:				PFD Notified Time:				274-3347											
Back in Service				AXA XL Notified Time:				PFD Notified Time:															
By:																							
Other Notifications:																							
EMAIL COMPLETED REQUEST TO: fire_safety@brown.edu																							
Reviewed: SEPTEMBER, 2025																							