



Township of Tewksbury

169 Old Turnpike Rd., Califon, New Jersey 07830
 Telephone: 908-439-0022
 Administration Fax: 908-439-0034
 Finance Fax: 908-439-0035



Office of the Fire Marshal

Impairment Program

Fire Protection System Impairment Program

Business Name:	
Address:	
Registration:	

Section 1 Purpose & Scope

The purpose of this program is for the premises to properly handle problems related to the maintenance of fire protection systems at this address. A written program like this is required by the New Jersey Uniform Fire Code [N.J.A.C. 5:70-3, 901.7 Systems Out of Service], and this business is required to follow all of the steps in this program whenever any Fire Protection System breaks, malfunctions, or undergoes ANY impairment to its full and immediate function.

Note: It is illegal to tamper/ interfere with any Fire Protection System without following this program. Silencing a Fire Alarm during emergency activation, putting a system on “test”, conducting a fire drill, shutting off a system or otherwise touching a system without following this program is not lawful.

This program pertains to the following fire protection systems that have been identified at this premises:

	Automatic Fire Sprinkler System	Fire Pump	
	Automatic Fire Alarm System	Standpipe System	
	Commercial Cooking Fire Suppression System	Smoke & Heat Vents	
	Smoke Alarm Systems	Clean-Agent Extinguishing System	
	Portable Fire Extinguishers	Private Fire Service Main	
	Carbon Monoxide Warning Equipment	Fire Hydrant Systems	
	[Other]	[Other]	

Section 2 General Information

Impairment Coordinator		
[NAME HERE]	[TITLE]	Cell: [XXX-XXX-XXXX]
Email:	Address:	Alt Phone: [XXX-XXX-XXXX]
Building Owner		
[NAME HERE]	[TITLE]	Cell: [XXX-XXX-XXXX]
Email:	Address:	Alt Phone: [XXX-XXX-XXXX]
Fire Official		
Andrew Buterbaugh	Fire Official	Cell: 908-328-3020
Email: fireprevention@tewksburytp.n et	Address: 169 Old Turnpike Rd Califon, NJ 07830	Alt Phone:
Fire Department		
	Fire Chief	Cell: 908-328-3020
Email:	Address: 169 Old Turnpike Rd	Alt Phone:



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Section 3 Program Steps

When a Fire Protection System breaks, is altered or has an impairment in any way; the following steps should be taken immediately. If you're unsure, contact the Fire Prevention Bureau and discuss the problem. An **Emergency Impairment** may happen if a system breaks. A Pre-Planned Impairment may happen during an inspection/ fire drill/ special circumstance. After anything happens to the system, it should always be Restored to Service as soon as possible.

Emergency Impairment:

1. Contact the Impairment Coordinator immediately. If they cannot be reached, notify the Building Owner. These two individuals are responsible to carry out this program, and will carry out the following steps below.
2. Begin filling out an Impairment Report (**Section 6**).
3. Determine the extent and expected duration of the impairment.
4. Contact the Fire Official to notify the Fire Prevention Bureau of the impairment.
5. Contact the Fire Department if directed by the Fire Official.
6. Contact responsible contractor for the repair.
7. Inspect the involved area or building and identify safety hazards/ increased risk.
8. Note any safety hazards and make recommendations to management or the building owner.
9. Use "OUT-OF-SERVICE" tags to clearly mark any part of the system that is OUT-OF-SERVICE.
10. Notify supervisors in the affected areas of the situation.
11. Assemble necessary tools and materials for the repair, fire watch, etc.
12. Notify insurance carrier, alarm company, building owner/ manager, any other authority having jurisdiction.

Pre-Planned Impairment:

1. Pre-planned Impairments should only be handled by the Impairment Coordinator OR someone they specifically designate.
2. Determine the extent and expected duration of the impairment.
3. Contact the Fire Official.
4. Contact the Fire Department if directed by the Fire Official.
5. Inspect the involved area or building and identify safety hazards/ increased risk.
6. Note any safety hazards and make recommendations to management or the building owner.
7. Use "OUT-OF-SERVICE" tags to clearly mark any part of the system that is OUT-OF-SERVICE.
8. Notify supervisors in the affected areas of the situation.
9. Assemble necessary tools and materials for the repair, fire watch, etc.
10. Notify insurance carrier, alarm company, building owner/ manager, any other authority having jurisdiction.



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Section 4 Restoring Systems to Service

Restoring Systems to Service:	
1.	The Impairment Coordinator SHALL verify that all of the following procedures have been implemented.
2.	Necessary inspections and tests have been conducted to verify that affected systems are operational.
3.	Advise supervisors that protection is restored.
4.	Advise Fire Official and, if needed, the Fire Department.
5.	Advise Building Owner/ Manager, insurance carrier, alarm company, any other parties contacted.
6.	Remove "OUT OF SERVICE" tags.
7.	Submit documentation from repair contractor to Fire Official.
8.	Keep a copy of the Impairment Report On-Site.

Section 5 Other Contact Information

Fire Alarm Repair Contractor		
Name:	[TITLE]	Cell:
Email:	Address:	Alt Phone:

Fire Sprinkler Repair Contractor		
Name:	[TITLE]	Cell:
Email:	Address:	Alt Phone:

Alarm Monitoring Service		
Name:	[TITLE]	Cell:
Email:	Address:	Alt Phone:

Insurance Carrier		
Name:	[TITLE]	Cell:
Email:	Address:	Alt Phone:

Building Manager		
Name:	[TITLE]	Cell:
Email:	Address:	Alt Phone:



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Section 6 Impairment Incident Report

This Impairment Report is to be filled out and retained for every "Emergency" or "Pre-Planned" impairment of a Fire Protection System on the premises. This report shall be retained on the premises and forwarded to the Fire Official.

Impairment Report							
Property Address: [Street Address] [City, ST ZIP]		Business Name: [Business Name Here]		Date: Time:			
Impairment Type: <input type="checkbox"/> Emergency <input type="checkbox"/> Pre-Planned							
Alarm Signal? <input type="checkbox"/> Alarm <input type="checkbox"/> Trouble <input type="checkbox"/> Supervisory <input type="checkbox"/> Other							
Fire Protection System affected:							
Steps Taken:				Yes/No	Date	Time	Initials
1.	Contact Impairment Coordinator						
2.	Impairment Report						
3.	Determine Extent of Impairment						
	Notes:						
4.	Determine Expected Duration of Impairment						
	Notes:						
5.	Contact Fire Official						
6.	Contact Repair Contractor						
	Name & Phone:						
	Company:						
	Est. Arrival Time:						
7.	Inspect area for safety hazards						
	Hazards:						
8.	Send Recommendations to Building Manager						
9.	Tag OUT OF SERVICE equipment						
10.	Notify supervisors in building						
11.	Assemble necessary tools for repair						
12.	Notify Insurance Carrier + Other						
	Notes:						