Springfield Township

Division of Fire & EMS 7617 ANGOLA ROAD

HOLLAND, OHIO 43528-8602 LUCAS COUNTY

ASSISTANT FIRE CHIEF ANDREW SAUDER FAX: (419) 865-6884

MEDICAL DIRECTOR DR. TODD BROOKENS **BATTALION CHIEFS** CHARLES BUTLER JR. TIM ROMSTADT ANDREW VASCIK **CHAD BORN**

FIRE CHIEF

JONATHON ZIEHR

PHONE: (419) 865-4136



TRUSTEES TOM ANDERSON, JR. **RACHEL GEIGER** ANDREW GLENN FISCAL OFFICER BRENNA KOBACK

SYSTEM IMPAIRMENT & FIRE WATCH PACKET

Dear Business Owner,

We have found that your system has fallen into impairment and requires immediate repair by a licensed contractor. As part of this impairment, you are required by the Ohio Fire Code to be under FIRE WATCH, until which time repairs have been completed, system(s) tested and brought back into compliance with NFPA 72 or NFPA 13. While under impairment you MUST identify an IMPAIRMENT **CORRDINATOR**, and place one person in the role of performing walkthroughs of the affected area. The person performing FIRE WATCH must complete a walkthrough of the affected area every 15 minutes while the building is occupied. In addition, all staff should be informed of the proper procedure and identify a clear communication pathway in the event of a fire.

Following repairs, the Springfield Township Fire Department Fire Prevention Bureau must be contacted and advised once repairs have been completed. The Fire Prevention Bureau can be contacted at 419-865-4136 ext.2.

We have included information regarding the requirements for OFC 901.7- Systems Out of Service. Please complete this information and have it readily available for a fire inspector to review at any time during this impairment. The Ohio Fire Code requires that you retain this information on site for not less than 3 years from date of occurrence.

If I can be of any further assistance, please let us know.

Sincerely,

Scott Bockelman, FSI, CFEI

Fire Inspector

Springfield Township Fire Department

(7) 901.7 Systems Out of Service

Where a required fire protection system is out of service, the fire department and the fire code official shall be notified immediately and, where required by the fire code official, the building shall be either evacuated or an approved fire watch shall be provided for all occupants left unprotected by the shutdown until the fire protection system has been returned to service.

Where utilized, fire watches shall be provided with not less than one approved means for notification of the fire department, and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires.

(a) 901.7.1 Impairment Coordinator

The building owner shall assign an impairment coordinator to comply with the requirements of this paragraph. In the absence of a specific designee, the owner shall be considered the impairment coordinator.

(b) 901.7.2 Tag Required

A tag shall be used to indicate that a system, or portion thereof, has been removed from service.

(c) 901.7.3 Placement of Tag

The tag shall be posted at each fire department connection, system control valve, fire alarm control unit, fire alarm annunciator and fire command center, indicating which system, or part thereof, has been removed from service. The fire code official shall specify where the tag is to be placed.

(d) 901.7.4 Preplanned Impairment Programs

Preplanned impairments shall be authorized by the impairment coordinator. Before authorization is given, a designated individual shall be responsible for verifying that all of the following procedures have been implemented:

- i. The extent and expected duration of the impairment have been determined.
- ii. The areas or buildings involved have been inspected and the increased risks determined.
- iii. Recommendations have been submitted to management or building owner/manager.
- iv. The fire department has been notified.
- v. The insurance carrier, the alarm company, the building owner/manager, and other authorities having jurisdiction have been notified.
- vi. The supervisors in the areas to be affected have been notified.
- vii. A tag impairment system has been implemented.
- viii. Necessary tools and materials have been assembled on the impairment site.

(e) 901.7.5 Emergency Impairments

Where unplanned impairments occur, appropriate emergency action shall be taken to minimize potential injury and damage. The impairment coordinator shall implement the steps outlined in paragraph (A)(7)(d)(901.7.4) of this rule.

(f) 901.7.6 Restoring Systems to Service

When impaired equipment is restored to normal working order, the impairment coordinator shall verify that all of the following procedures have been implemented:

- I. Necessary inspections and tests have been conducted to verify that affected systems are operational.
- II. Supervisors have been advised that protection is restored.
- III. The fire department has been advised that protection is restored.
- IV. The building owner/manager, insurance carrier, alarm company, and other involved parties have been advised that protection is restored.
- V. The impairment tag has been removed.

IMPAIRMENT CHECKLIST

Business Name:Address:
Date of Impairment: Time of Impairment:
Type of Impairment Unplanned
Effected System: Fire Suppression Fire Alarm
Contracted Company to Complete Repairs:
Impairment Coordinator:
Fire Watch 1st Shift:
Fire Watch 2 nd Shift:
Fire Watch 3 rd Shift:
Beginning of Fire Watch
 □ Employees made aware of the fire watch □ Emergency Plans reviewed with anyone assigned to fire watch □ Insurance company contacted □ Fire Department contacted. Springfield Township Fire Prevention 419-865-4136 ext.2 □ Out of Service tags placed on effected equipment End of Fire Watch
 Inspections and tests have been conducted to verify affected system is operational Employees have been advised that system has been restored
 □ Fire Department contacted. Springfield Township Fire Prevention 419-865-4136 ext.2 □ Building owner/manager, insurance company, and other involved parties contacted that the system has been restored
☐ Impairment tags removed
End of Fire Watch Date: End of Fire Watch Time:
Fire Watch removal Completed by:

Date	Time	Name of Person Completing	Location or Area Inspected

Date	Time	Name of Person Completing	Location or Area Inspected
		Make Conies as	<u> </u>

Date	Time	Name of Person Completing	Location or Area Inspected

Date	Time	Name of Person Completing	Location or Area Inspected
		Make Conies as	<u> </u>

Date	Time	Name of Person Completing	Location or Area Inspected
		Make Conies as	<u> </u>