



# Fire Prevention Division

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## NOTIFICATION OF IMPAIRED FIRE PROTECTION SYSTEM

Date: \_\_\_\_\_

Name of Business Inspected: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person at Business Inspected: \_\_\_\_\_

Contact Person Telephone #: \_\_\_\_\_

- |    |                     |                   |                       |                     |
|----|---------------------|-------------------|-----------------------|---------------------|
| I. | <b>System Type:</b> | <b>Fire Alarm</b> | <b>Fire Sprinkler</b> | <b>Kitchen Hood</b> |
|    | <b>Check One:</b>   | <b>Red Tag</b>    | <b>Yellow Tag</b>     |                     |

**Brief Description of Impairment:**

**Expected Return to Compliance Date:** \_\_\_\_\_

- |     |                     |                   |                       |                     |
|-----|---------------------|-------------------|-----------------------|---------------------|
| II. | <b>System Type:</b> | <b>Fire Alarm</b> | <b>Fire Sprinkler</b> | <b>Kitchen Hood</b> |
|     | <b>Check one:</b>   | <b>Red Tag</b>    | <b>Yellow Tag</b>     |                     |

**Brief Description of Impairment:**

**Expected Return to Compliance Date:** \_\_\_\_\_

**Name of Inspecting Company:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Supervisor Telephone #:** \_\_\_\_\_

**Inspecting Technician:** \_\_\_\_\_ **Technician Telephone #:** \_\_\_\_\_

**Technician License #:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_