



Pechanga Fire Department Impairment Coordinator Checklist

IC NAME:		DATE:	
FIRE PERMIT #:		START TIME:	END TIME:
2025 CFC 901.7 Systems Out of Service. When fire protection systems are affected by a planned or emergency impairment, the property owner or designee shall establish an impairment plan to provide for the safety of occupants, protect the facility, ensure the duration of the impairment is minimal, and ensure the system(s) are restored. The property owner or designee shall designate an Impairment Coordinator (IC), provide approved fire watch for buildings/area(s) affected by impairment, and notify Pechanga Fire Department. A copy of the impairment plan shall be provided to PFD, IC, fire watch, public safety, and facilities personnel. Fire Permit required to install new and modify existing fire protection systems.			
LOCATION(S) AFFECTED:			
SYSTEM(S) IMPAIRED:			
REASON FOR IMPAIRMENT:		<input type="checkbox"/> ITM <input type="checkbox"/> REPAIR <input type="checkbox"/> INSTALL/MODIFY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PLANNED	
# OF FIRE WATCH PERSONNEL:			
CHECKLIST “No” answers shall be corrected prior to impairment			
Obtain copy of approved impairment plan.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Inspect affected area(s) and remedy hazards.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Conduct safety briefing with contractor(s) / department(s) performing work during impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify all necessary tools and materials needed to perform scheduled and contingency work is on site.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Identify any planned deviations to the approved IP.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify all contact information provided on IP.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify fire alarm is being monitored prior to the impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify fire watch is established prior to impairment via PRC Dispatch.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify crowd manager(s) established prior to impairment via PRC Dispatch.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify Pechanga Fire Dept. has been notified of impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify PRC Risk Management has been notified of impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify PRC Fire Alarm Tech has been notified of impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify PRC Facilities has been notified of impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify no hazardous operations are taking place during impairment (ie. Hotwork)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Conduct safety briefing with contractor(s) / department(s) performing work during impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Periodically obtain status updates from contractor(s) / department(s) performing work during impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Periodically inspect affected area(s) and remedy hazards.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Report any emergencies, significant delays, significant deviations of the approved IP to PRC Dispatch, Risk Mgmt., Fire Alarm Tech, PRC Facilities and Pechanga Fire Dept.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify impaired systems have been restored and are fully operational.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify fire alarm monitoring has been notified upon completion of impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Verify fire watch has been notified upon completion of impairment.		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
NOTES:			
SIGNATURE OF IC:		TITLE:	

For questions, contact Pechanga Fire Department at 951-770-6045