



# PECHANGA FIRE DEPARTMENT

## Impairment Plan for Fire Protection

**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. A fire department permit is required to install new and modify existing fire protection systems.

Email this completed form to: PFD\_Notification@pechanga-nsn.gov, PRC\_SafetyOfficers@pechanga.com, jmariella@pechanga.com

TYPE OF IMPAIRMENT	<input type="checkbox"/> PLANNED IMPAIRMENT		<input type="checkbox"/> EMERGENCY IMPAIRMENT	
DATE OF IMPAIRMENT		START TIME	END TIME	
FACILITY NAME				
FACILITY ADDRESS				
AREA(S) AFFECTED				
SYSTEM(S) IMPAIRED <input type="checkbox"/> FIRE ALARM <input type="checkbox"/> FIRE SPRINKLER <input type="checkbox"/> SMOKE CONTROL <input type="checkbox"/> SPECIAL HAZARD <input type="checkbox"/> OTHER				
SYSTEM(S) IDENTIFIER				
REASON FOR IMPAIRMENT	<input type="checkbox"/> INSPECTION/TEST/MAINTENANCE (ITM) <input type="checkbox"/> REPAIR <input type="checkbox"/> *INSTALL/MODIFY (*FD Permit Required)			
EXTENT OF IMPAIRMENT	<input type="checkbox"/> TOTAL	<input type="checkbox"/> PARTIAL	*FIRE PERMIT #	
FIRE WATCH SCHEDULED <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED BY			DATE
CROWD MANAGER SCHEDULED <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED BY			DATE
FIRE ALARM MONITORING SCHEDULED <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED BY			DATE
IMPAIRMENT COORDINATOR SCHEDULED <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED BY			DATE
IMPAIRMENT COORDINATOR (IC)			IC CELL #	
IC EMAIL			IC OFFICE #	
CONTRACTOR/DEPARTMENT PERFORMING WORK			OFFICE PHONE #	
SITE CONTACT NAME #1			SITE CONTACT CELL #	
SITE CONTACT NAME #2			SITE CONTACT CELL #	
SCOPE OF IMPAIRMENT (ATTACH DIAGRAMS & ADDITIONAL INFORMATION)				

IMPAIRMENT PLAN (INCLUDE ALL PERTINENT INFORMATION SUCH AS TIMELINE, CONTINGENCY PLANS, EMERGENCY PROCEDURES)

**REQUIRED NOTIFICATIONS:** PRC Risk Management, Facilities, DPS Fire Alarm Tech, and Pechanga Fire Department shall be notified of all impairments. Pechanga Water Department shall also be notified of impairments to hydrants, fire mains and when discharging significant amounts of water. Notification is made by submitting FIRE ALARM MONITORING REQUEST FORM (12/18/18) to DPS Dispatch and all required entities listed on form.

TO REPORT EMERGENCIES, CALL PRC DISPATCH AT 951-770-2610

SUBMITTED BY	TITLE	EMAIL
SIGNATURE		DATE

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