

Fire-Life Safety Impairment Notice

Impairment Status | RED TAG | YELLOW TAG | Date: _____

Authority Having Jurisdiction (AHJ)

Jurisdiction: _____ Code Official: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Protection Impairment

Pre-engineered System Engineered System Fire Extinguisher Fire Alarm System
 Fire Sprinkler System Other

Location of Impairment

Occupancy Name: _____
Address: _____ City: _____ Zip: _____
Phone: _____ Fax: _____
Occupancy Contact: _____

In accordance with State of Oklahoma Department of Health requirements, Sections 310:205-5-1, 310:205-5-2, 310:451-5-1, 310:451-5-2, and 310:451-5-3, the following fire safety impairments were noted. (Briefly describe the observed impairment(s) and occupants disposition to remedy. (Use additional pages if required).

Reporting Firm

Company Name: _____ Company OK Lic#: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Technician Name: _____ OK Lic # & Type: _____

AHJ Internal Use Only

Date Received: _____ By: _____
Assigned To: _____
Disposition: Unfounded Corrected Prior to Inspection Notice to Correct Given