

STANDARD OPERATING PROCEDURE #415

Subject: Deactivation of Fire Alarm Systems

Attachment: Fire Alarm System Request for Impairment

- 1.0 PURPOSE AND SCOPE:** To formalize a policy for protection of University students, faculty, staff and visitors in the event it becomes necessary of a fire alarm system impairment. Impairment is defined as any situation in which all or part of a fire alarm system is disabled or otherwise temporarily rendered inoperative. Impairments fall into one of two categories: planned impairments and emergency impairments.
- 2.0 POLICY:** This procedure applies to all PFD personnel and PFD vendor and/or contractor personnel who perform fire alarm system installation, maintenance, repair or any other operation that requires impairment of a fire alarm system. The project manager, prior to commencement of the project, must notify all contractors of the rules and regulations and all must abide by these rules while on campus or risk of termination of their contract.
- 3.0 RESPONSIBILITIES:**
 - 3.1** The impairment coordinator (designated electrical departments fire alarm crew) is responsible for disabling fire alarm system components and ensuring that those components have been restored to normal operating condition upon completion of the work. The impairment coordinator is also responsible for notifying the University Fire Marshal prior to initiating any planned impairment. The University Fire Marshal must also be notified at the time an emergency impairment occurs.
 - 3.2** Project Manager shall arrange a time for work to be scheduled.
 - 3.3** Project Manager shall notify contractors of rules and regulations regarding impairment of a fire alarm system in any University building.
 - 3.4** Miami University Police shall be notified when a coordinator requests impairment of a fire alarm system.
 - 3.5** Maintenance Director shall be notified on any total failure of a fire alarm system.
- 4.0 IMPAIRMENT PROCEDURE:**
 - 4.1** Planned impairments: Planned impairments require a minimum 48 hours notice prior to performing the work. The contractor or Miami University representative responsible for the work must complete the Fire Alarm System Request impairment form and submit it to the operation center.
 - 4.2** The impairment coordinator will review the request and determine to what extent the system must be impaired. Impairment of the entire system must be avoided to the greatest extent possible. The project manager of the planned impairment must also notify the appropriate building Point of Contact in advance.

- 4.3 The operation center will sign and complete the “Fire Alarm System Impairment” record and file. The coordinator will place an “Impairment Tag” at the fire alarm control panel indicating what portion of the system is disabled.
- 4.4 The project manager shall ensure during design and construction that all applicable codes addressing fire protection of buildings are considered and followed.
- 4.5 Notification of the impairment for a fire alarm system and returning the system to normal by the coordinator shall be reported to the University police dispatcher, PFD operation center and the EHSO Fire Marshal office.
- 4.6 Cleaning and maintaining fire alarm systems that need to be disabled or impaired, shall be performed by first contacting the coordinator in the electrical department at Physical Facilities, Cole service building.
- 4.7 Emergency Impairments:
 - a. Emergency impairments are those situations that occur as a result of system failure, vandalism, or other malfunction.
 - b. Contractor support for any impairment that occurs during off hours including nights and weekends.
 - i) Emergency calls to the contractor (Simplex and Cerberus) shall be made through the PFD electrical department supervision or the EHSO Fire Marshal office.

Jim Haley
Associate Vice President – Facilities

**PHYSICAL FACILITIES DEPARTMENT
FIRE ALARM SYSTEM REQUEST FOR IMPAIRMENT**

PROJECT LOCATION _____

REQUESTER: Name _____

Company _____

Address _____

Phone _____

Purpose of Impairment: _____

Extent of Impairment: _____

Date of Impairment: _____

Duration of Impairment: _____

Requester's Signature: _____

Director of Maintenance Authorization: _____

