



Airport Security Compliance SYSTEM IMPAIRMENT REQUEST FORM

E-MAIL TO: dpstrip@dfwairport.com

Business Name: Location:		Request Date/Time:
Security System Name / #:		Impairment Start Date and Time:
Requested By:		
Contact Name:	System Type:	
Contact Phone:	Reason for Impairment: Commission___ De-Commission___ Demo___ Test___ Service___ Maintenance___ Other___	

REQUESTS ACCEPTED MONDAY-FRIDAY (Normal Business Hours Only)

Start Time	End Time	IMPAIRMENT AREA IMPACTED

NOTIFICATION GROUP

NO RESPONSE IN 48 HOURS CONSTITUTES AGREEMENT

Agree	Object	Airport Board Stakeholders
		Asset Management
		ITS Life Safety
		DPS Security Compliance
		Customer Experience
		Airport Operations Center
Yes	No	Approved for Impairment

Planned Test, Maintenance, Service Details or SIDA Protection: (Completed by Requestor):

Precautions to Be Taken due to Impairment: (completed by DPS Security Compliance and implemented by requestor):

- Notifications made and approved
- Smoking Prohibited
- Temporary SIDA Protection Requested
- Testing/Service/Maintenance - 11pm to 4am
- Security Systems(CCTV, SIDA, AOA) Elevator/Door#

Impairment = Test, service or maintain , control equipment, security systems (CCTV, SIDA, AOA, Alarms, Access Control, etc.) or any sub-system including elevators / doors that would impede normal performance or function as designed and approved. Please include location and elevator / door number. This includes permanent as well as temporary impairments due to construction or any other activities. **There is a 7 day minimum notification period.**

A MINIMUM OF 7 DAYS NOTICE IS REQUIRED.