EXHIBIT “E”

FIRE LIFE SAFETY SYSTEM
IMPAIRMENT POLICY
The Fire Alarm System is a vital part of the building Fire Life Safety System, and any modification, repair, testing or bypass of the system which could potentially cause the system not to operate as designed is referred to as an impairment. There are two types of impairments Preplanned and Emergency. The “Impairment Coordinator” is the Building Chief Engineer (Kevin O’Hair), the “Building Manager” (Yolanda Smythe) the “Authority having Jurisdiction” is the “State Fire Marshall” (Santa Clara Fire Department).

Preplanned Impairment Program:

All preplanned impairment shall be authorized by the impairment coordinator. Before authorization is given, the impairment coordinator shall be responsible for verifying that the following procedures have been implemented:

1. The extent and expected duration of the impairment have been determined.
2. The areas and buildings involved have been inspected and the increased risks have been determined.
3. Recommendations have been submitted to management or building owner/manager. Where required fire protection system is out of service for more than 4 hours in a 24 hour period, the impairment coordinator shall arrange for one of the following:
   a. Evacuation of the building or portion of the building affected by the system out of service
   b. An approved fire watch
   c. Establishment of a temporary water supply
   d. Establishment and implementation of an approved program to eliminate potential ignition sources and limit the amount of fuel available to the fire.
4. The Fire Department has been notified. (If required)
5. The insurance carrier, the alarm company, building owner/manager, and other authorities having jurisdiction have been notified (If required).
6. The supervisors in the areas to be affected have been notified. (If required)
7. A tag impairment system has been implemented.
8. All necessary tools and materials have been assembled on the impairment site.
9. The extent and expected duration of the impairment have been determined.
10. The areas and buildings involved have been inspected and the increased risks have been determined.
11. Recommendations have been submitted to management or building owner/manager. Where required fire protection system is out of service for more than 4 hours in a 24 hour period, the impairment coordinator shall arrange for one of the following:
   a. Evacuation of the building or portion of the building affected by the system out of service
b. An approved fire watch  
c. Establishment of a temporary water supply  
d. Establishment and implementation of an approved program to eliminate potential ignition sources and limit the amount of fuel available to the fire.

12. The Fire Department has been notified.
13. The insurance carrier, the alarm company, building owner/manager, and other authorities having jurisdiction have been notified.
14. The supervisors in the areas to be affected have been notified.
15. A tag impairment system has been implemented.
16. All necessary tools and materials have been assembled on the impairment site.

**Emergency Impairments**

Emergency impairments include but are not limited to system leakage, interruption of water supply, frozen or ruptured piping, and equipment failure. When emergency impairments occur, emergency action shall be taken to minimize potential injury and damage. The coordinator shall implement the steps outlines above.

**Restoring the System to Service**

When all impaired equipment is restored to normal working order, the impairment coordinator shall verify that the following procedures have been implemented.
1. Any necessary inspections and tests have been conducted to verify that affected systems are operational. Refer top NFPA 25 for the type of inspection and tests required.
2. Supervisors have been advised that protection has been restored.
3. The Fire Department has been advised that protection has been restored.
4. The building owner/manager, insurance carrier, alarm company and authorities having jurisdiction have been advised that protection has been restored.
FIRE SPRINKLER & FIRE ALARM IMPAIRMENT AUTHORIZATION FORM

<table>
<thead>
<tr>
<th>General Contractor Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State License Number:</td>
<td>(on file)</td>
</tr>
<tr>
<td>Suite where work is being performed:</td>
<td></td>
</tr>
<tr>
<td>Sub-Contractor:</td>
<td></td>
</tr>
<tr>
<td>Sub-Contractor License Number:</td>
<td></td>
</tr>
<tr>
<td>Name of person performing the actual work: (print)</td>
<td></td>
</tr>
<tr>
<td>Start Time:</td>
<td></td>
</tr>
<tr>
<td>Finish Time:</td>
<td></td>
</tr>
<tr>
<td>Will system be down in excess of 4 hours in a 24 hour period?</td>
<td></td>
</tr>
<tr>
<td>Has the Alarm Monitoring Company been notified?</td>
<td></td>
</tr>
<tr>
<td>In there a Certificate of Insurance on file?</td>
<td></td>
</tr>
<tr>
<td>Fire Department Notified?</td>
<td></td>
</tr>
<tr>
<td>Are “Yellow Impairment Tags” in place?</td>
<td></td>
</tr>
<tr>
<td>Are all tools and material assembled in impairment site?</td>
<td></td>
</tr>
<tr>
<td>Will the building be placed in bypass?</td>
<td></td>
</tr>
<tr>
<td>Fire Watch Assigned?</td>
<td></td>
</tr>
<tr>
<td>After work is complete have all Yellow Tags been returned to the Impairment Coordinator?</td>
<td></td>
</tr>
<tr>
<td>Is System back in Service and fully functional?</td>
<td></td>
</tr>
</tbody>
</table>

_________________________  ________________
Signature of person performing the work  Date

Alarm Company: Notification by:  
_________________________  ________________________
Off Line notification Time:  Operator Number  
On Line notification Time:  Operator Number  

Filled out by:  Date:  

Chief Engineer Approval:  Date: