

IMPAIRMENT NOTIFICATION



PRECAUTIONS WHEN FIRE PROTECTION SYSTEMS ARE IMPAIRED.

Group	Plant
Location	Country
Local contact person	
E-mail	Telephone

Please send the Impairment Notification by e-mail to
or by fax to

Important information

According to If's Insurance Conditions, impairments shall be handled as follows:

- Impairments less than 24 hours: Shall adhere to the below listed actions and be notified locally.
- Impairments more than 24 hours: Shall additionally be communicated to If P&C in advance.

Affected system:

- Automatic Sprinkler System Automatic Fire Detection System

Affected area and the main operation in this area											
Reason for impairment (Maintenance, testing, repair, frozen pipes or fittings, construction etc.)											
Duration of impairment	<table> <tr> <td>Start</td> <td>Year:</td> <td>Month:</td> <td>Day:</td> <td>From time:</td> </tr> <tr> <td>End</td> <td>Year:</td> <td>Month:</td> <td>Day:</td> <td>To time:</td> </tr> </table>	Start	Year:	Month:	Day:	From time:	End	Year:	Month:	Day:	To time:
Start	Year:	Month:	Day:	From time:							
End	Year:	Month:	Day:	To time:							

Prior to ALL types of impairments, following precautions shall be carried out:	YES
1. Planning and preparation done to minimise the impairment period?	<input type="checkbox"/>
2. The extent of the work limited by using blinders and blanks?	<input type="checkbox"/>
3. External notification to the public fire department and/or guard company?	<input type="checkbox"/>
4. Internal notification to involved area manager(s) and staff?	<input type="checkbox"/>
5. Hot work specially permitted and controlled in the affected area/fire compartment?	<input type="checkbox"/>
6. Smoking strictly prohibited in the affected area (even if normally allowed)?	<input type="checkbox"/>
7. Other installed fire protection systems checked and found in full working order?	<input type="checkbox"/>
8. Adequate type and amount of fire extinguishers/water supply fully accessible and prepared?	<input type="checkbox"/>
9. Enforced fire watch or similar surveillance service provided during the period?	<input type="checkbox"/>
10. Necessary valves/closing devices fitted with clear notification tags (i.e. "out of order")?	<input type="checkbox"/>
Prior to impairments, with duration MORE THAN 24 HOURS:	
11. Notification to If P&C Insurance (this form) by e-mail or fax	<input type="checkbox"/>
12. Notification to the insurance broker (if applicable)	<input type="checkbox"/>
After the temporary impairment:	
13. Formal notification (at least internally) regarding the reinstatement of the impaired system.	<input type="checkbox"/>

Notified by (client/employee):	Date of notification:
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