

# 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

<b>Affected area and the main operation in this area</b>											
<b>Reason for impairment</b> (Maintenance, testing, repair, frozen pipes or fittings, construction etc.)											
<b>Duration of impairment</b>	<table> <tr> <td><b>Start</b></td> <td>Year:</td> <td>Month:</td> <td>Day:</td> <td>From time:</td> </tr> <tr> <td><b>End</b></td> <td>Year:</td> <td>Month:</td> <td>Day:</td> <td>To time:</td> </tr> </table>	<b>Start</b>	Year:	Month:	Day:	From time:	<b>End</b>	Year:	Month:	Day:	To time:
<b>Start</b>	Year:	Month:	Day:	From time:							
<b>End</b>	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"/>
<b>Prior to impairments, with duration MORE THAN 24 HOURS:</b>	
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"/>
<b>After the temporary impairment:</b>	
13. Formal notification (at least internally) regarding the reinstatement of the impaired system.	<input type="checkbox"/>

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