



Impairment notification

Precautions when fire protection systems are impaired.

Client _____ Plant _____

Location _____ Country _____

Local contact person _____

E-mail _____ Telephone _____

Please send the Impairment notification by e-mail to impairments@if.se

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

Other 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	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 NO

1. Planning and preparation done to minimise the impairment period?
2. The extent of the work limited by using blinders and blanks?
3. External notification to the public fire department and/or guard company?
4. Internal notification to involved area manager(s) and staff?
5. Hot work specially permitted and controlled in the affected area/fire compartment?
6. Smoking strictly prohibited in the affected area (even if normally allowed)?
7. Other installed fire protection systems checked and found in full working order?
8. Adequate type and amount of fire extinguishers/water supply fully accessible and prepared?
9. Enforced fire watch or similar surveillance service provided during the period?
10. Necessary valves/closing devices fitted with clear notification tags (i.e. "out of order")?

Prior to impairments, with duration MORE THAN 24 HOURS:

11. Notification to If P&C Insurance (this form) by e-mail
12. Notification to the insurance broker (if applicable)

Verify that all impaired systems are restored from:

Restoration Date (dd/mm/yy) _____ Time: _____

Comments:

Notified by (client/employee): _____

Date of notification: _____