



# AXA XL Risk Consulting IMPAIRMENT NOTIFICATION

AXA XL Risk Consulting  
United States/Canada  
RSVP Program  
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## \*Required

<b>*CUSTOMER:</b>	<b>AXA XL IMPAIRMENT #:</b>
<b>*LOCATION:</b> (Address, city, country)	<b>ACCOUNT #:</b>
<b>*REPORTER:</b> (Name/Title)	<b>LOCATION ID #:</b>
<b>*E-MAIL:</b>	<b>PHONE NO:</b>

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### DETAILS OF THE IMPAIRMENT *(48 hours advance notice if possible)*

<b>*TYPE:</b>	<b>*IMPAIRMENT CLASS:</b>
<b>*REASON FOR SHUTDOWN:</b>	
<b>*DESCRIPTION (System ID, Building Area):</b>	
*Start Date: (MM/DD/YYYY)	Start Time: (HH:mm)
*Estimated Restoration Date: (MM/DD/YYYY)	Estimated Restoration Time: (HH:mm)

### MAJOR IMPAIRMENTS *(if any of the following apply, check box)*

- More than one sprinkler system is shutdown.       Duration expected to be more than 24 hours.
- Entire water supply is shutdown (affecting sprinklers and/or fire hydrant supply)
- Hot work required inside impaired area (not recommended).

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### PRECAUTIONS TAKEN:

- |   |   |
|---|---|
| <input type="checkbox"/> Use AXA XL Shutoff Tags              | <input type="checkbox"/> Discontinue Welding, Cutting, Hot Work   |
| <input type="checkbox"/> Notify Department Head               | <input type="checkbox"/> Discontinue Smoking                      |
| <input type="checkbox"/> Cease Hazardous Operations           | <input type="checkbox"/> Notify Fire Department                   |
| <input type="checkbox"/> Charged Hose Lines and Extinguishers | <input type="checkbox"/> Watchman Surveillance                    |
| <input type="checkbox"/> Notify Alarm Company                 | <input type="checkbox"/> Notify Site Emergency Response/Fire Team |
| <input type="checkbox"/> Work to be Continuous                | <input type="checkbox"/> Pipe Plugs/Caps/Etc. available           |
| <input type="checkbox"/> Emergency Connection Planned         |   |
| <input type="checkbox"/> Other (Explain) _____                |   |

***Upon receipt of this form AXA XL Risk Consulting will acknowledge via reply e-mail and advise our additional recommendations (if any), for MAJOR Impairments.***

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### RESTORATION OF IMPAIRMENT: *(complete this section and e-mail when impairment is restored.)*

Restoration Date: (MM/DD/YYYY)	Restoration Time: (HH:mm)
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