



AXA XL Risk Consulting IMPAIRMENT NOTIFICATION FORM

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*Required

*CUSTOMER:

AXA XL IMPAIRMENT #:

*LOCATION:

ACCOUNT #:

(Address, city, country)

*REPORTER:

LOCATION ID #:

(Name/Title)

*E-MAIL:

PHONE NO:

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

*TYPE:

*IMPAIRMENT CLASS:

*REASON FOR SHUTDOWN:

*DESCRIBE (System ID, Building Area):

*Start Date:

Start Time:

(DD/MM/YYYY)

(HH:mm)

*Estimated Restoration Date:

Estimated Restoration Time:

(DD/MM/YYYY)

(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).

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.

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

Restoration Date:

Restoration Time:

(DD/MM/YYYY)

(HH:mm)