



AXA XL Risk Consulting IMPAIRMENT NOTIFICATION FORM

AXA XL Risk Consulting
Europe/UK
RSVP Program
Phone: +1 800 243 8222

E-mail: RSVP_EUROPE@axaxl.com

*Required

*CUSTOMER:		AXA XL IMPAIRMENT #:
*LOCATION:		ACCOUNT #:
*REPORTER:	(Address, city, country)	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:	(DD/MM/YYYY)	Start Time:	(HH:mm)
*Estimated Restoration Date:	(DD/MM/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).

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