



AXA XL Risk Consulting IMPAIRMENT NOTIFICATION

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

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

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

*TYPE:	*IMPAIRMENT CLASS:
*REASON FOR SHUTDOWN:	
*DESCRIPTION (System ID, Building Area):	
*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)*

- | | |
|---|--|
| <input type="checkbox"/> <u>More than one</u> sprinkler system is shutdown. | <input type="checkbox"/> Duration expected to be more than <u>24 hours</u> . |
| <input type="checkbox"/> <u>Entire water supply</u> is shutdown (affecting sprinklers and/or fire hydrant supply) | |
| <input type="checkbox"/> Hot work required <u>inside impaired area</u> (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:
(MM/DD/YYYY)	(HH:mm)