



**AXA XL Risk Consulting IMPAIRMENT NOTIFICATION**

AXA XL Risk Consulting  
Asia Pacific/Australia  
RSVP Program  
**E-MAIL NOTIFICATION ONLY**

Email: [RSVP\\_APAC@axaxl.com](mailto:RSVP_APAC@axaxl.com) and [service@unimutual.com.au](mailto:service@unimutual.com.au)

**\*Required**

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

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

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

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