



AXA XL Risk Consulting IMPAIRMENT NOTIFICATION

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

Email: RSVP_APAC@axaxl.com and service@unimutual.com.au
riskmanagement@curtin.edu.au

*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:	
*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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*** Required**