Fire Protection/Detection Impairment Form
(Form – CR007cEN)

**Urgent – for attention of Risk Engineering Dept**

Parts 1 and 2 of this form should be completed and forwarded to Tokio Marine HCC prior to the fire protection/detection being taken out of service. The form should then be resent with part 3 completed once the protection/detection is back in service. Please email this form to impairments@tmhcc.com. For any queries, please contact Risk Engineering on +44 (0)203 148 9522.

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| **Part 3** |
| After impairment: |
| Yes/No/NA |  |
|  | Is the fire protection/detection back in service? |
|  | If sprinklers were isolated has a 2in drain test been conducted on the sprinkler riser? |
|  | If sprinklers were isolated have all the sprinkler control valves been locked back in the open position? |
|  | Have the alarm systems been reset and the central station notified where applicable? |
|  | Has the onsite emergency organisation been notified that the impairment is cleared? |
|  | Has the public fire brigade been notified that the impairment is cleared? |
|  | Have you notified Tokio Marine HCC that the impairment is cleared? |
| Actual date isolated? |       | Actual time isolated? |       |
| Actual date reinstated? |       | Actual time reinstated? |       |

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| **Part 1** |
| Insured name: |       |
| Insured location (town and country): |       |
| Insured contact name: |       |
| Insured contact telephone number: |       |
| Insured contact email address: |       |
| Insured index number: |       |
| Fire protection/detection affected: |
| Yes/No/NA |  |
|  | Sprinkler |
|  | Fire pump |
|  | CO2 |
|  | Other gas protection system |
|  | Fire detection system |
|  | Other |
| Areas affected (attach sketch or additional docs if required): |
|       |
| Reason for impairment: |
|       |

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| **Part 2** |
| Before impairment: |
| Yes/No/NA |  |
|  | Will the facility be operational during the impairment? |
|  | Will the hazardous processes be shut down during the impairment? |
|  | Is everything ready before impairing the fire protection/detection i.e. equipment, parts and personnel? |
|  | Has a hydrant been connected to the affected sprinkler riser(s)? |
|  | Are there additional fire extinguishers in the affected area(s)? |
|  | Have fire hoses been laid out in the affected area(s)? |
|  | Are there pipe plugs on site? |
|  | Has the central station been notified about the impairment? |
|  | Has the onsite emergency organisation been notified about the impairment? |
|  | Has the public fire brigade been notified about the impairment? |
|  | Have you notified Tokio Marine HCC about the impairment? |
| During impairment: |
| Yes/No/NA |  |
|  | Will hot work be prohibited? |
|  | Will smoking be restricted? |
|  | Will continuous work be authorised? |
|  | Are ongoing patrols of the area planned during the impairment? |
|  | Will there be someone available to restore the fire protection in the event of a fire? |
|  | If possible, are there plans to reinstate the protection/detection during the night and weekend periods? |
| Other precautions taken: |
|       |
| Planned date to be isolated? | Planned time to be isolated? |
|       |       |
| Planned date to be reinstated? | Planned time to be reinstated? |
|       |       |

