

Part 1

Insured name:

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.

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

Part 2			
Before impairment:		Yes/No/N	NΑ
Will the facility be operational durin the impairment?	ng		
Will the hazardous processes be sh the impairment?	nut down during		
Is everything ready before impairing protection/ detection i.e. equipment personnel?	•		
Has a hydrant been connected to the sprinkler riser(s)?	ne affected		
Are there additional fire extinguisher affected area(s)?	ers in the		
Have fire hoses been laid out in the affected area(s)?	÷		
Are there pipe plugs on site?			
Has the central station been notifie the impairment?	ed about		
Has the onsite emergency organisa notified about the impairment?	ation been		
Has the public fire brigade been no the impairment?	tified about		
Have you notified Tokio Marine HC the impairment?	C about		
During impairment:		Yes/No/N	NΑ
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?		



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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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