

## **Fire Impairment Notification**

A *Fire Impairment* of any fire protection system may occur as planned as part of regular maintenance, or during an emergency. During an impairment, the protection systems leave your operations vulnerable in the absence of these safeguards. Ensure proper management during the impairment by a competent person.

**Failure to notify your Insurer of an impairment in a timely manner may affect your insurance coverages.**

Notification to Aviva Risk Management is not required for **planned impairments with duration of less than 8 hours and occurring during normal business hours.**

### **Impairment: Steps to Follow**

- 1. Manage Impairment – Either planned or emergency, who is going to handle, contact service providers.**
- 2. Minimize Hazards – Stop hazardous processes such as hot works or flammable liquids handling, ensure all other protection systems are fully functional.**
- 3. Notify Necessary Parties – Fire Department, Insurer, Management Personnel, Post Impairment Tag**
- 4. Provide Alternative Protection – Fire watch personnel, additional fire extinguishers or hoses**
- 5. Return to Business – Complete repairs, reinstate systems, advise necessary parties**

**NOTE – Individual situations and requirements may vary, so review your needs to ensure impairment process works for you.**

**Please notify your broker and Aviva of any qualifying impairments.**

#### References:

NFPA 25, Chapter 15  
OSHA 1910.160(b)(2)

### General Information:

Company Name:  Insurance Broker (if known):

Property Address:  Email (if known):

Policy Number (if known):

### Impairment Supervisory Person(s):

Name:  Phone Number:

Email:

### Type of Impairment:

Please Select:

### If Planned Impairment:

Please Select:  Other (Please Explain):

**Time:** Impairment Start   A.M.  P.M. Estimated Impairment End   A.M.  P.M.

Comments:

### Type of System:

Water Supply <input type="checkbox"/>	Fire Pump <input type="checkbox"/>	Fire Hydrant(s) <input type="checkbox"/>
Sprinkler System <input type="checkbox"/>	Special Extinguishing System <input type="checkbox"/>	Fire Detection/Alarm System <input type="checkbox"/>
Flammable vapor/gas system <input type="checkbox"/>	Fire Extinguishers/Fire Hoses <input type="checkbox"/>	Critical safety interlocks <input type="checkbox"/>

Other (Please Explain):

### Extent of Impairment:

Please Select:

### Precautions Taken (choose all that apply)

Dedicated fire watch <input type="checkbox"/>	Fire extinguishers/hoses available <input type="checkbox"/>	Emergency procedures reviewed <input type="checkbox"/>
Hazardous operations suspended <input type="checkbox"/>	Fire Department notified <input type="checkbox"/>	Additional fire protection features remain operable in the area <input type="checkbox"/>
Management/Supervisory staff notified <input type="checkbox"/>	Alarm monitoring station notified <input type="checkbox"/>	Smoking prohibited <input type="checkbox"/>
Contractors/visitors notified <input type="checkbox"/>	Hot works prohibited <input type="checkbox"/>	

Other (Please Explain):

# WARNING

## Fire Protection Equipment Out of Service

### WATCH FOR FIRE

#### IN CASE OF EMERGENCY

CALL:

AT:

#### PERMIT NUMBER

#### FIRE WATCH / MONITOR RECORD

Checked By (Initials)	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>