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? |
|  | |  |

A picture containing light

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