

FIRE PROTECTION SYSTEM IMPAIRMENT NOTIFICATION & RESTORATION FORM

FROM

Name

Company

Local Name

Street Address

City

Postal Code

Country

Telephone

Email

SEND TO

Allianz via your insurance intermediary/broker

Please complete Part A for initial impairment notification and Part B after restoration.

PART A – IMPAIRMENT NOTIFICATION

Notification should be submitted only for impairments exceeding 10 continuous hours. Notify at least 48 hours prior to a planned impairment and as soon as possible for an emergency (unplanned) impairment.

Impairment type: Planned Emergency

System(s) / Equipment Impaired:

Area(s) Affected:

Reason for Impairment:

Impairment Date (dd/mm/yy) & Time:

Anticipated Restoration Date (dd/mm/yy) & Time

Precautions Taken:**Yes****No**

1. Have managers, supervisors, security & other relevant staff been notified of impairment, increased fire risk, and necessary precautions?
2. Have all hazardous operations, including hot work, flammable liquid use, etc., been prohibited in the area?
3. Has smoking been prohibited in the area?
4. Has temporary fire protection (i.e. fire extinguishers, hoses, etc.) been provided? (comment below)
5. Is affected area continuously occupied or has a continuous fire watch been provided?
6. Has the fire & rescue service been notified?
7. Has the alarm monitoring company been notified?
8. Will work be continuous until protection is restored?

Comments:**PART B – IMPAIRMENT RESTORATION**

Restoration Date
(dd/mm/yy) & Time
Comments

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