

Sprinkler System Impairment Sheet

Attention :	IMPAIRMENT DESK	Royal & SunAlliance
E-mail Address :	Global.Consulting@us.royalsun.com	Phone No : 888-505-4859, Option 5
From :	_____	Date : _____
Company :	_____	City : _____
Fax No :	_____	Phone No : _____
Location :	_____	Ref No : _____

PLANNED IMPAIRMENT

System to be Shutdown (Please indicate by placing an ' x ' in the box)

- | | |
|---|--|
| <input type="checkbox"/> Automatic Sprinkler System | <input type="checkbox"/> Fire Pump (s) |
| <input type="checkbox"/> Alarm System | <input type="checkbox"/> Fire Main |
| <input type="checkbox"/> Firewater Storage Tank | <input type="checkbox"/> Other (e.g. CO2, Halon etc) |

Comments : _____
Reason for Shutdown : _____
Area Affected : _____

Start Time / Date : _____ Date : _____
Estimated Duration : _____ Days _____ Hours

Precautions being followed : (Please indicate by placing an ' x ' in the box)

- | | |
|--|---|
| <input type="checkbox"/> Use shut off tag | <input type="checkbox"/> Notify Fire Department |
| <input type="checkbox"/> Notify department heads | <input type="checkbox"/> Notify Alarm Company |
| <input type="checkbox"/> Cease all hazardous operations | <input type="checkbox"/> Work to be continuous |
| <input type="checkbox"/> Hose / extinguishers available | <input type="checkbox"/> Additional watchman surveillance |
| <input type="checkbox"/> Ban welding / cutting / hotwork | <input type="checkbox"/> Emergency connection planned |
| <input type="checkbox"/> No Smoking | <input type="checkbox"/> Continuous Fire Watch |
| <input type="checkbox"/> Other (Please Specify) | _____ |

Change to Impairment Conditions : _____

Time Restored : Name : _____ AM
Date : _____ PM

INSTRUCTIONS :

- 1 Fill out Section 1 prior to shutdown (48 hours before where possible) and e-mail to address above.**
- 2 Fill out Section 2 and resend e-mail if there are any changes to the impairment.**
- 3 Fill out Section 3 when the impairment is restored and e-mail to address above.**