

# Aviva Risk Management Solutions

## Protection & Detection System Impairment Management Form



# Protection & Detection System Impairment Management Form

A competent person should be assigned and made accountable for controlling the impairment.

Please complete and send this form to Aviva Risk Management Solutions at: [Impairments@aviva.com](mailto:Impairments@aviva.com)

Insured Details	Impairment Notifier Details
Company Name	Name
Risk Address	Position
	Tel. Numbers
Policy Number	Email
Insurance Broker	
Email	Date

Aviva Contact Details	
Underwriter	Risk Consultant
Email	Email

**NOTIFICATION OF IMPAIRMENT** Please select drop down boxes and complete all information requested

Type of System

Impairment Type

Reason for Impairment

Please Provide Impairment Details

Location of Impairment Area

Planned Impairment Start	Date	Time
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Planned Impairment End	Date	Time
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Change Of Impairment End Date	Date	Time
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**PRECAUTIONS** Consider all precautions taken in the area(s) impacted by the impairment and select 'yes' or 'no' to confirm if you will implement them or not. You can hover over the precautions to see more information.

YES	NO	YES	NO
<b>Additional Fire Extinguishers Provided</b>		<b>Management/Supervisory Staff Notified</b>	
<b>Alarm Co./Receiving Centre Notified</b>		<b>Notify Public Emergency Services</b>	
<b>Contractors/Visitors Notified</b>		<b>Risk Assessment(s) Completed</b>	
<b>Dedicated Fire/Security Watch</b>		<b>Smoking Prohibited</b>	
<b>Hot Work Prohibited During Impairment</b>		<b>Stop Hazardous Processes</b>	
<b>Increased Self-Inspections of Area</b>		<b>Temporary Alarm System Provided</b>	
<b>Other – please specify</b>			

**PLEASE SEND COMPLETED IMPAIRMENT FORM TO** [Impairments@aviva.com](mailto:Impairments@aviva.com)

**REINSTATEMENT** Complete this section when the impaired system has been reinstated and return to the impairment team

Impaired System Reinstated	Date	Time
Comments		

For guidance on Impairments here is a [link](#) to our 'Loss Prevention Standard focusing on Impairments'

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