Pipe Freeze Up Prevention Program

This program is designed to help prevent property related loss due to water pipe freeze ups by conducting weekly inspections of your facilities. MIIA receives hundreds of thousands of dollars in claims each winter due to freeze ups. The claims typically occur when thermostats are turned down to save energy (typically 50-55 degrees or lower), over weekends or school vacations, and when windows or doors are accidently left open.

**Program Instructions**

• Using the criteria on this page, conduct weekly facility inspections each weekend during the months of December, January, February and March of each of your main buildings (town hall, library, offices, schools, etc.).

• Use the Pipe Freeze Up Prevention Checklist to track your inspections for the winter.

• Use the Pipe Freeze Up Prevention Corrective Action form to track the issues identified during the inspection.

• If inspections are not warranted due to favorable weather conditions, then please enter N/A in the corresponding box.

**Rewards Credit**

• Submit the Pipe Freeze Up Prevention Checklist and Corrective Action page for each month inspections were conducted by May 31st. Both forms are required for credit. Use additional pages if necessary to list correction actions.

• Up to .5% property coverage credit will be applied for each month of inspections, for up to a 2% total.

**Program Criteria**

Please confirm the following at each of the facilities you plan to inspect.

• Verify the building temperature is at an acceptable level in each section of the building (60 degrees is recommended).

• Ensure all windows and doors are firmly closed.

• Ensure low temperature alarms and sensors are working properly.

• Check univents to ensure outside dampers are closed. Even a small opening can allow enough cold air in to cause problems.

• Ensure that tops of heating units (a favorite gathering spot for books, plants, displays, etc.) are kept clear so that air/heat can circulate freely.

• Maintain freeze stat controls on univents.

• If anti-freeze solution is installed in your heating system, verify that appropriate levels and that the system is working properly.

Pipe Freeze Up Prevention Checklist

**Member Name**  Insert Name of Town     **Inspector Name:** Insert Inspector Name

**Instructions:** Once the inspection has been completed, the inspector should “initial” in the corresponding month/week if NO exposures were noted. If exposures were noted, mark “X” and detail the corrective action needed on page 2. If weather conditions did not warrant an inspection for that weekend, mark N/A*.*

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|  | **December** | | | | | **January** | | | | | **February** | | | | | **March** | | | | |
| **Facility Name** | **1** | **2** | **3** | **4** | **5** | **1** | **2** | **3** | **4** | **5** | **1** | **2** | **3** | **4** | **5** | **1** | **2** | **3** | **4** | **5** |
| Sample Location | n/a | IN | X | X | n/a | IN | IN |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Reward Coordinator Signature**      **Date Submitted to MIIA:** Insert Date

Pipe Freeze Up Prevention Corrective Actions

**Member Name**  Insert Name of Town     **Inspector Name:** Insert Inspector Name

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| --- | --- | --- | --- | --- | --- |
| **Facility Name** | **Month** | **Week** | **Exposure Noted/Comments** | **Assigned To** | **Date Completed** |
| Sample Location | n/a | IN | X | X | n/a |
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**Reward Coordinator Signature**      **Date Submitted to MIIA:** Insert Date