



## HAZARDOUS INDUSTRIAL SURVEY REPORT

New Business / Renewal		Inception Date:	
Insured:			
Business		Phone Number:	
Situation:		State:	Post Code:
How many years has the risk been operational?			
Has the situation been involved in any claims?			
If so, please provide details (Please attach separate schedule of claims if insufficient space provided)			
Year	Type of Claim	Cost	Insurer
		\$	
		\$	
		\$	
		\$	
Is smoking permitted on the premises?			

Property	
Construction Type	
Walls:	Floor:
Roof:	Is there any Asbestos in the building?
Age of Building?	Condition of Building?
General Surrounds?	
Gross Annual Turnover	\$

Painting/Varnishing				
Spray Booth? Yes <input type="checkbox"/> No <input type="checkbox"/>		Externally exhausted? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Type	Class	Flash Point	Quantity	Stored
Is there any welding involved in the risk? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If 'Yes', please give details				



<b>Electrical</b>	
Source:	Switchboards:
Maintenance:	General Conditions:
When was the wiring installed?	
When was the last time all the wiring was inspected?	

Sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' regularly serviced?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke detectors / alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hose reels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, adequate number / type?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire extinguishers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Security</b>	
Deadlocks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Double Deadlocks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Steel Doors (Reinforced)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Security lighting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Security alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Local?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Dialler?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Securitel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
- Dedicated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Kitchen</b>	
Is there a kitchen on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the kitchen have a clean exhaust/grill, fire blankets, fire extinguishers and smoke alarms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the kitchen operate with deep frying?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the deep fryers thermostatically controlled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there an automatic cut off?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are the ducts and flutes cleaned?	



<b>Entertainment</b>			
Trading hours of club:			
Licensed to trade:			
	<b>Entertainment</b>	<b>Gaming</b>	<b>Bottleshop</b>
<b>Hours per day</b>			
Are crowd control staff employed?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how many per week?			
Is there a dance floor?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is entertainment employed			Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>General Comments</b>
Quality of Risk:

<b>Recommendations</b>

Surveyed by:	Signed:
Date:	