



CONSTRUCTION

geo

ASBESTOS

SUPPLEMENTARY QUESTIONNAIRE

Name of Insured:

1. General

How much of your turnover relates to work involving removal/handling of asbestos (approx %)?

Do you hold or have you ever held an asbestos licence issued by HSE? Yes No

If Yes, provide details:

Do you **only** carry out work with asbestos that does not require a licence to be issued by HSE? Yes No

Do you comply with your legal duties under the Control of Asbestos Regulations 2012? Yes No

If No, provide details:

2. Training

Has adequate information, instruction and training been given to those employees who are liable to be exposed to asbestos in line with the Control of Asbestos Regulations 2012?

Do you carry out 'Refresher Training' each year to all appropriate workers?

If No, provide details:

3. Risk Assessments & Planning the Work

Do you carry out individual risk assessments for each site/workplace? Yes No

Do you prepare a plan of work that all employees are made aware of? Yes No

Does the plan of work include details of what to do if you uncover or damage materials that may contain asbestos? Yes No

Are you aware of the requirements and procedures for reporting notifiable non-licensed work (NNLW)? Yes No

If No, provide details:

4. Personal Protective Equipment (PPE)

Is someone named as responsible for identifying and issuing PPE?	Yes	No
Have all employees been trained in the use of personal protective equipment including any respiratory protective equipment?	Yes	No
Have all employees signed to acknowledge receipt of such equipment?	Yes	No
Is PPE provided to all employees in an efficient working order and maintained?	Yes	No
Do you follow HSE guidelines on the use, training & maintenance of personal protective equipment?	Yes	No
If No, provide details:		

5. Claims

Have you ever had any previous claims or incidents relating to asbestos?	Yes	No
If No, provide details:		

6. Additional Information

(Please provide any other material information below)

Signed:

Name:

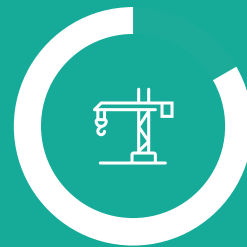
Position:

Dated:

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