Plastics Risks Questionnaire

Insured Name:					
Trading Name:					
Risk Address:					
Business Description:					
Years in Operation:					
Directors/Managers years of ex	Directors/Managers years of experience in this Industry:				
Days and Hours of Operation:_					
Website (if applicable):					
Process Types:					
Injection Moulding:	Yes No No				
Extrusion Moulding:	Yes □ No □				
Rotational Moulding:	Yes □ No □				
Blow Moulding:	Yes □ No □				
Compression Moulding:	Yes □ No □				
Shape Moulding:	Yes □ No □				
Polyurethane Foaming:	Yes □ No □				
Other (please specify):					
Industries products are manufactured for e.g. Medical, Hospitality, Agricultural, Construction:					

Building:						
Is there any EPS present at the location?	Yes □ No □					
If Yes,						
What is the percentage of EPS (floorDoes machinery operate within the E	space)? PS section of the Building ? Yes					
Are thermographic scan tests carried out on an annual basis? Yes \Box No \Box	on all main and sub-electrical boards					
 Date of last thermographic scan test: Were any faults identified? Yes □ If yes, please provide details and rem (or provide a copy of the report): 	No 🗆					
	ingress of dust/plastic raw materials? Yes ☐ No ☐					
	Front					
Occupancy						
Separation to nearest building (metres)						
Rear						
Occupancy						
Separation to nearest building (metres)						
Right						
Occupancy						
Separation to nearest building (metres)						
Left						
Occupancy						
Separation to nearest building (metres)						

Fire Equipment Yes \(\Bar{\cup} \) No \(\Bar{\cup} \) Sprinkler system? If Yes, please specify classification of sprinklers and area(s) of property covered: Yes 🔲 No 🔲 Private Hydrants? Yes □ No □ Public Hydrants? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \) Hose Reels? Extinguishers? Yes \(\Bar{\cup} \) No \(\Bar{\cup} \) Are all extinguishers accessible, and mounted on wall brackets Yes □ No □ with signage above? Fire/Smoke Detection Systems? Yes – Monitored Yes - Local alarm only No \square If Yes, please specify area(s) of property covered_____ If monitored, please specify name of monitoring company: Is all fire protection equipment in good condition and serviced in accordance with all relevant regulation and Australian Standards? Yes ☐ No ☐ If yes, please advise date of last service __/__/___ If no, please provide further details ______ **Housekeeping:** Is all Combustible Waste removed from the building regularly? Yes \Box No \Box Frequency: Daily \square Weekly Other (please provide details):______ Yes \(\Bar{\cup} \) No \(\Bar{\cup} \) Are formalised Hot Work safety controls in place? Are formalised Contractor Liability controls implemented (where the client requests copies of contractors' and tenants' (if applicable) Public Liability and Workers Compensation insurances)? Yes □ No □ **Smoking Controls:** Permitted without restriction: Yes \square No \square | Designated external areas only: Yes \square No \square Designated internal areas of building: Yes \(\square\) No \(\square\)

<u>storage.</u>						
Volume of raw materials stored in bulk silos:						
Volume of raw materials stored in bags/palletised:						
Method of storage for finished product:						
Palletised ☐ Racks ☐ So	lid pile 🗆					
Maximum storage height:						
Total floor space of storage area (m2 / percentage of building):						
Dangerous Goods:						
Dangerous Goods Type	Volume / Quantity					
Approved Flammable Liquid Storage Cabinets insta	lled? Yes □ No □					
Approved Flammable Liquid Storage Compound er	ected? Yes 🗆 No 🗆					
Resin/Gelcoats kept separate to Hardeners?	Yes □ No □					

Machinery Details / Contingency / Maintenance & Processes:						
Is all production machinery supported by local service agents? Yes \Box No \Box						
Are parts available locally? Yes □ No □						
What are the estimated lead times in	n the event of:					
- Minor repairs						
- Major Repairs						
- Total Replacement						
Please specify details for all plant/ed	Juipment with a	replacement va	lue of AUD\$750,0	000 or greater:		
	Item 1	Item 2	Item 3	Item 4		
Year, Make & Model						
Function / Operation						
Replacement Time (whole unit)						
Replacement Time (parts only)						
Replacement Value						
(PLEASE ATTACH SCHEDULE IF INSUF	FICIENT ROOM)				
Please specify any plant/equipment	not available or	supported throu	ugh local supplier	s: Item 4		
Year, Make & Model	100111 2	item 2	item 5	icin 4		
Function / Operation						
Replacement Time (whole unit)						
Replacement Time (parts only)						
Replacement Value						
	EICIENT ROOM	1				
(PLEASE ATTACH SCHEDULE IF INSUFFICIENT ROOM) Do you have a documented Business Continuity Plan? Yes \(\sqrt{\text{No}} \) No \(\sqrt{\text{D}} \) Please provide details of any contingencies that in place where plant/equipment is damaged and unable to be used for any period of time:						
The second secon						
Please provide detail of preventative including the moulding units, chillers			•	/equipment		

Are moulding units Electric or Gas heated? Electric \square Ga	s 🗆					
Is there any unattended operation of any production plant/equipment outside of declared operating hours, other than automated pre-warming of <u>electrically</u> heated equipment prior to employees arriving on site in the morning only? Yes \square No \square Pre-warming processes only \square						
Are all drip trays and floor areas below and around moulding unoil and lubricants? Yes \square No \square	nits kept o	lean	and completely free of			
Type(s) of plastics utilised:						
Is there any use of recycled materials?	Yes 🗆	No				
If Yes, is the recycled material:						
Delivered in raw format and granulated on site?	Yes \square	No				
Delivered pre-granulated?	Yes 🗆	No				
Is there any granulating of internally generated recyclable mate e.g. Sprues (cast offs)?	erials Yes 🔲	No				
If Yes to any of the above, does this take place in an appropriately separated area utilising a granulator that is supervised at all times when operating, and fitted with readily accessible emergency stop provisions that shut down the conveyor and granulator? Yes \Box No \Box						
Finishing Processes:						
Are there any spray painting or coating activities carried out at	the premi	ses?				
 Yes – Within enclosed spray booth □ Yes – Within open fronted spray booth □ Yes – Not within a spray booth □ No □ 						
Is the spray booth is adequately ventilated external to the build extraction system? Yes \square No \square	ing via					
Spray booth filter replacement frequency:						
Quarterly Bi-annually Other (please specify):						