



**JCB INSURANCE SERVICES LTD**

**CONSTRUCTION FACTFINDER**

Full Trading Name :.....

**GENERAL INFORMATION :**

A) Please advise if you carry out works at any of the following **High-Risk** premises :

- Railways – particularly trackside work **YES / NO**
- Docks, wharves, coastal defences, rivers, canals, lagoons or any other watercourses **YES / NO**
- Oil refineries, chemical plants, power stations or any other site requiring a “permit to work” **YES / NO**
- Airfields or airports in areas to which the general public does not have access **YES / NO**
- Petrol stations **YES/ NO**
- Any other.....

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(B) Please advise if you carry out any of the following **Hazardous Activities** :

- Demolition of any kind **YES / NO**
- Tunnelling / Water Diversion **YES / NO**
- Work on Bridges / Dams / Reservoirs **YES / NO**
- Piling **YES / NO**
- Tree Felling **YES / NO**
- Any other.....

.....

**If the answer is YES to any question in (A) or (B) above, then you must provide the following :**

- full details of the works undertaken .....
- .....
- risk assessments for the works.....
- .....
- details of specialist training given to your employees.....
- .....
- photographs of works undertaken

**If, however, you merely hire to companies that carry out any of the works in (A) or (B) above, then please confirm the following :**

- Conditions of hire applicable : \_\_\_\_\_
- % of hires which are “operated” hire : \_\_\_\_\_ %
- Do you take copies of your Hirers insurance policy or obtain details of their insurances to ensure that your interests are fully protected : YES / NO

As the works carried out in (A) and (B) above are intrinsically more hazardous, please ensure that, where you hire out equipment with an operator, that the operator is certified as competent by an *independent* recognised body such as CITB, and that copies of his current certificate are kept on his personnel file.

- Are you a member of any organisation relevant to your trade **YES / NO**  
If **YES**, please confirm: \_\_\_\_\_
- Do any of your staff ever use their own tools for work Yes/No
- If Yes, do you provide insurance cover for them? Yes/No
- Do staff receive a written contract of employment Yes/No
- Do you retain personnel records Yes/No
- Have your current insurers carried out any post-loss surveys Yes/No
- If Yes, did they make any risk improvements requirements Yes/No
- Would you agree to Insurers conducting a risk assessment Yes/No

**Details of your Management of Health and Safety and Security of your Employees, Sub Contractors, Sites and Premises**

Safety Policy

Do you have a written and signed Health and Safety policy? Yes/No

What is the date of the last review of the policy? / /

When was it last communicated to all employees? / /

How was it communicated to employees? .....

.....

1. Knowledge of Health and Safety

Please give the name and position of the person(s) within you company that are responsible for Health and Safety

Name.....

Position:.....

Do you have a competent person responsible for Health and Safety issues? Yes/No

If yes, please provide name and position of such person and details of formal training given

Name:.....

Position:.....

Training:.....

.....

Please give the name of any external organisations you obtain Health and Safety advice from:

.....

.....

Risk Assessment

List your main workplace hazards

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.....

List your main health hazards

.....  
.....

Have all the required risk assessments been carried out and recorded? Yes/No

When was the last risk assessment carried out? / /

Do you have a no smoking policy at your business premises? Yes/No

Training

Please give details of health and safety training given to employees and contractors working for you

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.....  
.....

Is training recorded? Yes/No

Do you supply and enforce use of Personal Protective Equipment where required?  
Yes/No

If yes, please provide details

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.....

Workplace Inspections

Is all equipment that needs statutory inspection identified and routinely inspected?  
Yes/No

Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects and hazards and to ensure any corrective action is taken  
Yes/No

How often are these inspections carried out?.....

Waste

What waste you do you produce?

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.....  
.....

How do you store, manage and dispose of waste?

.....  
.....  
.....

Work Away

For any work away from your premises:

1. What are the main hazards from such work?

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.....  
.....

2. is a full risk assessment carried out?

Yes/No

3. are method statements prepared for each contract/job?

Yes/No

4. if you use heat, what precautions are used?

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.....  
.....

5. if you use sub-contractors do you check that they have Employers and Public Liability insurance? Yes/No

If yes, do you record their insurance details? Yes/No

Signed .....

Name (in block capitals) .....

Position held in company .....

Date .....