



CONSTRUCTION

geo

RESPIRABLE
CRYSTALLINE
SILICA (RCS)



UNDERWRITING QUESTIONNAIRE

Respirable Crystalline Silica (RCS) - Underwriting Questionnaire

Company Name

1. Do your operations or processes involve actual or potential exposure of your employees to respirable crystalline silica (RCS)? This includes situations where exposure to RCS is properly controlled.

- ☐ No – we have reviewed our operations and processes and confirm that they do not involve exposure of employees to RCS. (please complete signature/date).
- ☐ Yes – our operations and processes involve actual or potential exposure of our employees to RCS (please complete additional questions).
- ☐ Don't know – we have not established whether our operations and processes involve actual or potential exposure of our employees to RCS (please complete additional questions).

2. Is your business involved in any of the following operations or processes? Please tick all that apply.

- ☐ Demolition
- ☐ Quarrying
- ☐ Slate mining or processing
- ☐ Potteries, ceramics, ceramic glaze manufacture
- ☐ Brick or tile manufacture
- ☐ Foundries
- ☐ Refractory material production or cutting
- ☐ Concrete product manufacture
- ☐ Monumental or architectural masonry
- ☐ Stone fireplace or kitchen worktop manufacture and/or installation
- ☐ Grit or abrasive blasting of sandstone
- ☐ Waste removers, handlers, contractors, processors, waste sites
- ☐ None of the above

3. Has the risk to your employees of exposure to RCS been specifically assessed?

- ☐ Yes
- ☐ No

4. Which of the following measures are you taking to control the exposure of employees to RCS?
(please tick all that apply)

- ☐ No specific RCS controls are considered necessary
- ☐ Full enclosure of processes and/or people (e.g. ventilated vehicle cabs, fully enclosed processes)
- ☐ Continuous water/damping down of processes that might create RCS dust
- ☐ Local exhaust ventilation (including on-tool extraction)
- ☐ Respiratory protective equipment
- ☐ Health surveillance for employees
- ☐ Training and information for employees on RCS risks and precautions to be taken
- ☐ Other – please describe:

Signed

Date

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