BESPIRABLE 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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