

360 Commercial Café, Takeaway, Restaurant Inspection Questionnaire

Insured Details

Date		The Insured		
<input type="text"/>		<input type="text"/>		
Quote/Policy Number		Business Description		
<input type="text"/>		<input type="text"/>		
Opening Hours		Business Turnover:		
From	To	\$		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Website		Facebook		
<input type="text"/>		<input type="text"/>		
How many years have you worked in the Food Service/Hospitality industry?		When was the property last rewired or checked by an Electrician?		
<input type="text"/>		<input type="text"/>		
Do you use wood fired ovens/BBQ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you use wok cooking?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a deep fat fryer with a capacity of 20 litres or greater?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a deep fat fryer with thermostat controls?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you use bench top deep fat fryers?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are filters cleaned fortnightly?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have your flues professionally cleaned 6 monthly?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a fire blanket?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a Dry Chemical or Foam Extinguisher?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a monitored fire alarm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have fire sprinkler system?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you get your fire equipment serviced 6 monthly?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a 6 monthly service contact on refrigeration equipment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are floors in the kitchen area concrete?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a fire suppression unit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Declaration

I/we declare that to the best of my/our knowledge and belief the answers given on this proposal whether by me/us or on my/our behalf are complete and true and that we have not withheld any material information.

Signature of Insured	Print Name
<input type="text"/>	<input type="text"/>
Position	Date
<input type="text"/>	<input type="text"/>

Please provide up to 6 photos of cooking equipment, fire blankets, extinguishers, serving and dining areas in the space provided below:

