



360 Commercial Café, Takeaway, Restaurant Inspection Questionnaire

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Insured Details

Date	The Insured	
<input type="text"/>	<input type="text"/>	
Quote/Policy Number	Business Description	
<input type="text"/>	<input type="text"/>	
Opening Hours From	To	Business Turnover: \$
<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:



360

Commercial

Level 12,
66 Wyndham Street,
Auckland 1010

