

School Survey Risk Report

Prepared as a result of a claim for _____ Date _____

1. **SCHOOL:** _____ **LOCATION:** _____

2. **POSTAL ADDRESS AND CONTACT DETAILS:**

Tel: _____ Fax: _____

Email: _____ Website: _____

3. **NUMBER OF BUILDINGS ON SITE:** _____ Plan attached: Yes / No

4. **FIRE PROTECTION:**

Sprinklers: Yes / No Monitored smoke/heat detectors: Yes / No

Hose reels: Yes / No Neighbouring properties –

Distance from Fire Brigade: _____ kms Residential: Yes / No

Portable appliances: Yes / No Commercial: Yes / No

5. **SECURITY PRECAUTIONS:**

Monitored intruder alarms: Yes / No Surveillance on weekends/holidays: Yes / No

For all buildings: Yes / No Protection for computers or any -

After hours security: Yes / No valuable portable equipment: Yes / No

6. **PREVIOUS (THREE YEARS) INSURANCE CLAIMS, IF KNOWN:**

7. **RISK IMPROVEMENT RECOMMENDATIONS MADE ARISING OUT OF LATEST CLAIM:**

8. **ADDITIONAL REMARKS:**

Report completed by _____ Date _____