



# **BARGE MOUNTED PLANT QUESTIONNAIRE**

**Insured:** \_\_\_\_\_

**Machine Description:** \_\_\_\_\_

\_\_\_\_\_

**1. Job Description:-** What type of work will be under taken by the machine whilst placed on the barge?

\_\_\_\_\_

\_\_\_\_\_

**2.** What is the location where the work will take place and how long will the Machine be placed on the barge?

\_\_\_\_\_

**3. (a)** Will the barge be used in protected, open or coastal waters?    **Yes**     **No**

If Yes, and how far from land will work take place?

\_\_\_\_\_

(b) If protected waters is area tidal or non-tidal? \_\_\_\_\_

**4. (a)** Dimensions of barge? (in metres) \_\_\_\_\_

(b) Weight of barge out of water? \_\_\_\_\_

**5. (a)** Who owns the barge? \_\_\_\_\_

(b) Who will provide barge operator? \_\_\_\_\_

**6.** Previous experience in operating barge mounted plant? \_\_\_\_\_

\_\_\_\_\_



7. What measures have been taken to ensure safe working conditions and safe working load criteria when used on a barge?

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8. (a) Is item for own use or hired out? \_\_\_\_\_

(b) If hired out with or without operator? \_\_\_\_\_

9. Please attach a copy of hire conditions / job safety analysis if applicable / available to this questionnaire.

## Declaration & Signature

I/We declare that:

1. All of the information provided in this Questionnaire provided by or on My/Our behalf and any accompanying documents is correct.
2. I/We have checked to ensure that all of the information in handwriting other than mine in this Questionnaire and in any accompanying documents is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_