



Name			Date Established	
Street Address	City	County	State	ZIP Code
Description of Operations				

- What background do principals have in this industry?

- Number of employees: Full-time _____ Part-time _____
- Do you operate multiple shifts at any locations? Yes No
- If yes, are there 24 hour operations? Yes No
- Maximum number of employees per shift? _____
- Do you require your employees to use personal protective equipment? Yes No
- If yes, please elaborate:

- Please list primary equipment used for production:

- Employees over age 65: Full-time _____ Part-time _____
Description of duties: _____
- Employees under age 21: Full-time _____ Part-time _____
Description of duties: _____
- Annual turnover rate _____%
- Are machine guards used? Yes No



- Are lockout/tagout producers in place? Yes No

- What material handling aides are in place?

- If none are used, what is the maximum lifting requirement? _____

- Do any of your employees drive company vehicles? Yes No

- What is your driver screening policy?

- What is the radius of your driving operation? _____

- Describe the types of welding or cutting done:

- How are welding torches powered? _____

- How is the work area protected?

- Heat treating. Check all that apply: Anneal Furnace Dip Tanks Forging

- Are woodworking operations present? Yes No

If yes, do you have a dust collection and removal system? Yes No

If yes, is the system vented to the outside of the building? Yes No

- Are there spray painting operations? Yes No

Is painting done in an approved spray booth? Yes No

Does the booth have explosion-proof lighting/outlets? Yes No

- Are powder coating operations performed? Yes No



- What policies are in place to ensure rapid employee injury reporting and investigation?

- Are red flag and/or root cause questionnaires used during investigation? Yes No
- Are Post-Offer Medical Questionnaires utilized? Yes No
- Are background checks performed on new hires? Yes No
- What is your drug testing policy?

- Describe your return to work policy

- Do you offer group health insurance? Yes No
- Do you have a safety incentive program? Yes No
- If yes, please describe:

- Who is responsible for employee safety/risk management? _____
- Please provide details on all contracts requiring waivers of subrogation:

Applicant signature

Title

Date