



Workers' Compensation Supplemental Questionnaire
TO BE COMPLETED WITH ACORD 130 APPLICATION

Named Insured:	Years in Business:
Website Address:	Broker Controlled Account: <input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Information

Primary Contact:	Tel:
	Email:
Inspections Contact:	Tel:
	Email:
Premium Audit Contact:	Tel:
	Email:
Claims Contact:	Tel:
	Email:

Prior Payroll & Premium

	Total Annual Payroll	Premium
Expiring Year: 2018-2019		
Prior Year: 2017-2018		
Prior Year: 2016-2017		
Prior Year: 2015-2016		
Prior Year: 2014-2015		
Prior Year: 2013-2014		

Have you had a lapse in your Workers' Compensation coverages during the last two years? Yes No

Please explain any annual change in payroll of greater than 15%:

Operations

Description of Operations:	# of locations:
Expected growth/downsizing plans in coming year:	
Hours of Operation: From _____ to _____	# of Shifts: 24 Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any operations outside of CA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Insured been in Bankruptcy during the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does applicant allow employees to work more than 3 consecutive 12-hour shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees work from home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees use noncommercial or chartered air carriers, including helicopters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any employees travel outside of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Do any employees travel internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Maximum Number of employees at any one location during a shift?	
Do you provide any group transportation for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Age of buildings:		
Is any work done at heights?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the Maximum height worked?		
If yes, what type of work:		
Total # of Employees: _____	Full Time: _____	Part Time: _____
# of W-2's issued last year: _____	Seasonal: _____	Volunteers: _____
How are Employees paid? <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Piece Rate <input type="checkbox"/> Flat Salary <input type="checkbox"/> Other		
How many employees are: Union? _____	Non-Union? _____	Day Laborers? _____
If you use Day Laborers please provide details:		
Actual average hourly wage for employees in governing class: \$ _____ /hour		
Annual employee turnover rate: _____%	Average tenure of employees: _____ months & _____ years	
Do you subcontract any work to subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe nature of work subcontracted:		
Do you require Certificates of Insurance for Workers' Compensation from subcontractors? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you obtain copies of each sub-contractor's license number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Healthcare Practices		
Is a group medical plan provided?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide name of healthcare provider:		
Do employees receive Paid Sick Leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees receive Paid Vacation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do employees participate in a Retirement or Pension Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently participating in a Medical Provider Network?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the name of the current MPN:		
Does the insured provide CPR training?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a designated medical clinic where employees are referred for emergency treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have or do you agree to participate in a Return to Work Program for Injured Employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is modified work available for injured employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Hiring Practices		
Employment Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reference Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pre / Post-Employment Physicals: <input type="checkbox"/> Yes <input type="checkbox"/> No	Background Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drug Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pathogenic Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Audiometric Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Orthopedic Back Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
New employee orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No	MVR Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	



Safety Program & Organization

Is there a designated Safety Director? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
If yes, Name & Title: Tenure of Employment:	
Are OSHA logs maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Written Safety Program in place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any OSHA violations within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are safety meetings conducted? If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an accident investigation program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there disciplinary procedures for employees who are in violation of Company policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is Drug Testing conducted? <input type="checkbox"/> Never <input type="checkbox"/> At Hire <input type="checkbox"/> Random <input type="checkbox"/> For cause <input type="checkbox"/> Suspicion	
Personal Protection Equipment provided? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Manual Lifting – Maximum Weight:	
Is there a Safety Incentive Plan for employees? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is senior management aware of all Workers' Compensation claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Catastrophic or Occupational Disease Exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are claims reported within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you SB 198 complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is work area congested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are premises maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No

General-Ops – Auto: (Complete only if you have OWNED vehicles)

Do you have any vehicles for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please also complete the Trucking section.		
# of Light Vehicles:	# of Medium Vehicles:	# of Heavy Vehicles:
# of Extra-Heavy Vehicles:	Total # of Vehicles:	
Maximum radius of operations: If any Out of State travel, please provide details:	Any overnight travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do drivers unload vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Carrier Filings: <input type="checkbox"/> Yes <input type="checkbox"/> No MCP #:	
Vehicles taken home: <input type="checkbox"/> Yes <input type="checkbox"/> No	Allow Personal use of vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MVR's reviewed annually: <input type="checkbox"/> Yes <input type="checkbox"/> No	Participating in CA Pull program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers under the age of 25: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fleet Maintenance Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any vehicles have lift-gates? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Equipment attached to vehicles or Trailers: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contractors

Contractors' License #:	Specific Trade:
Years in Trade:	Operations:
Estimated Gross Payroll:	Gross Receipts: \$
Sub-Contractor Cost: \$	Do you provide Waivers of Subrogation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require Certificates of Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum Height work is performed:	Maximum Depth underground work is performed:
Average Job Size:	Maximum Job Size:



Each row must total 100%:

% Commercial: _____	% Condo/Apts.: _____	% Residential: _____
% New: _____	% Remodeling: _____	% Service/Repair: _____
% Exterior: _____	% Interior: _____	% Government: _____

Do you perform any of the following types of work?

Asbestos: <input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Demolition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Drilling: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Mains: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highway Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	Excavation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Grading: <input type="checkbox"/> Yes <input type="checkbox"/> No
Sewer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tunneling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spray Painting: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roofing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Framing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Concrete Tilt-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Steel Erection: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does your work require the use of Cranes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	Other use of heavy equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
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Does your work require the use of Scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who does the set-up/take down?
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What type of protective equipment is required?

Restaurants

Is there a bar/lounge? Yes No

% of Sales - Food: _____	% of Sales – Liquor: _____
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Special Events Setup: Yes No If yes, please describe:

Entertainment Setup: Yes No If yes, please describe:

Catering or Delivery: Yes No If yes, please describe:

Maximum Delivery Radius: Do you perform MVR checks on drivers?	Delivery Hours: Vehicles used: <input type="checkbox"/> Personal <input type="checkbox"/> Company <input type="checkbox"/> Both
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Number of Wait staff: _____	Number of Bartenders: _____	Number of Cooks: _____
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Average entrée price: \$ _____	Multiple floors: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Valet Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employees: <input type="checkbox"/> _____	Sub-Contractors: <input type="checkbox"/> _____
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Are non-slip shoes required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have non-slip flooring? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Hotels

Year Built: _____	Number of Stories: _____
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Number of Rooms: _____	Average Room Rate: \$ _____
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Restaurant on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conference Center: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Shuttle Service Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type and number of vehicles: _____
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Manager on site 24 hours a day: <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Cameras on site: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do on-site managers evict tenants themselves? <input type="checkbox"/> Yes <input type="checkbox"/> No	Armed Security on site: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Any Robberies or Burglaries in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapons kept on site: <input type="checkbox"/> Yes <input type="checkbox"/> No
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List of operations Sub-Contracted to Others (check all that apply):		
Window Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tree Trimming: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Landscaping: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lifeguard: <input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum Height work is performed:		
Housekeeping Exposures:		
Moving of Furniture:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mattress Flipping or rotating:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to either, do you require more than 1 person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Apartments		
Year Built:	Number of Stories:	
Number of Units:	Average Rental Rate:	
List of Operations Sub-Contracted to Others:		
Window Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tree Trimming: <input type="checkbox"/> Yes <input type="checkbox"/> No	Above ground work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Roofing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Landscaping: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mowing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Carpet Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pool Cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Security Guards: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do on-site managers evict tenants themselves: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager on site 24 hours a day: <input type="checkbox"/> Yes <input type="checkbox"/> No	
When showing Units to prospective tenants, what Safety Procedures are in place?		
If Lodging is provided by the Employer, what is the Market Value of such lodging to the Employee? \$		
Warehousing/Manufacturing		
Mechanical Equipment Used:		
Cranes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Overhead Cranes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conveyors: <input type="checkbox"/> Yes <input type="checkbox"/> No
Forklifts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pallet Jacks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Electroplating: <input type="checkbox"/> Yes <input type="checkbox"/> No
Scissor Lifts: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, fall-protection plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certified forklift operator training: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Certified forklift operators:		
Manual Lifting – Maximum weight:	Maximum Height worked:	
Maximum Storage Height:	Ladder Height:	
Machine Guarding: Lock Out/ Tag Out: <input type="checkbox"/> Point of Operation <input type="checkbox"/> Drive Mechanism <input type="checkbox"/> Moving Parts <input type="checkbox"/>		
Punch Press: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Punch Presses: Age of Punch Presses: Are they properly guarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe Personal Protection Equipment if provided or in use:		
Any use of flammable, explosive, chemical, or gaseous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loading/Unloading at insured facility performed by employees: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Loading/Unloading at customer facility performed by employees: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Offsite Delivery with owned vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete General-Ops – Auto section.		
Auto Dealers & Service		
Franchised: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sell: <input type="checkbox"/> ATV's <input type="checkbox"/> Boats <input type="checkbox"/> Motorcycles (Check all that apply)	



Percentage Sales:	_____ % New Car	_____ % Used Car	_____ % Body Shop
	_____ % Parts	_____ % Repair	

of vehicles used in Parts Delivery (if applicable): _____

Age of Drivers:	Under 25: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Number of Salespersons:	Are salespersons provided a company vehicle for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Any of the following? Auto Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No	Towing: <input type="checkbox"/> Yes <input type="checkbox"/> No Tire Repair: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roadside Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No Caged Tire Repair process: <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you have a Body Shop with a Paint Booth:
Do you have an approved Spray Booth? Yes No

Do employees wear/use respiratory protection? Yes No

Are employees properly trained in the use of respiratory equipment? Yes No

Electrical Contractors

Percentage of Work:	_____ % Industrial	_____ % Commercial	_____ % Residential
	_____ % New Construction	_____ % Remodel	

Are you properly Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
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Do you perform work on Power Lines? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you perform work on Transformers? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Maximum Height Exposure:	Percentage of Aerial Work: _____ %
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Do you own a Bucket Truck or Trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Involved in any underground work: <input type="checkbox"/> Yes <input type="checkbox"/> No
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HVAC Contractors

Percentage of Work:	_____ % Industrial	_____ % Commercial	_____ % Residential
	_____ % New Construction	_____ % Remodel	
	_____ % Electric	_____ % Gas	_____ % LPG

Are you properly Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:
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Do you remove or repair Boilers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in asbestos removal? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Masonry Contractors

Percentage of Work:	_____ % Industrial	_____ % Commercial	_____ % Residential
	_____ % New Construction	_____ % Remodel	

Maximum height work is performed:	Involved in Sandblasting: <input type="checkbox"/> Yes <input type="checkbox"/> No % of Business: _____
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What type of personal protection equipment is provided? _____

Are you involved in Demolition of Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Do you work with scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, up to what height: _____
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Who sets up / takes down the scaffolding? _____

Painting Contractors

Percentage of Work:	_____ % Industrial	_____ % Commercial	_____ % Residential
	_____ % New Construction	_____ % Remodel	



Do you perform Sandblasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you perform any Bridge Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work in the interior of tanks or work in confined spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide any transportation for employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum height work is performed: Interior: _____ Exterior: _____	
Are all flammables and paint stored in accordance with all state and federal regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Plumbing Contractors

Percentage of Work: _____% Industrial	_____% Commercial	_____% Residential
_____% Interior		_____% Exterior
Are you properly Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:	
Do you work in refineries, large manufacturing facilities, or wastewater plants? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you work with asbestos removal or pipe insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you work with asbestos removal or pipe insulation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you work on LPG equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you work on gas lines outside of buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any trenching or excavating? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at what depth: _____		
How are utilities identified, please describe? _____		
Do you offer 24 hour service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you clean sewers or industrial drains? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Landscape Contractors

Percentage of Work: _____% Industrial	_____% Commercial	_____% Residential
Do you build retaining walls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you trim trees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are day laborers used in your operations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is work seasonal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of mechanical equipment do you use, please describe? _____		
How are utilities identified, please describe? _____		
Maximum depth of work: _____	Does your work ever require blasting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you work near major highways or interstates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you involved in Reclamation Work or Clearing of Land? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you take precautionary measures to protect and prevent a collapse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you involved in Reclamation Work or Clearing of Land? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you use hazardous pesticides and fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Carpentry Contractors	
Percentage of Work: _____% Industrial	_____% Commercial _____% Residential
_____% New	_____% Remodel
Maximum height work is performed:	Do you install trusses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are day laborers used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you frame homes or condominiums? <input type="checkbox"/> Yes <input type="checkbox"/> No
Woodwork or Cabinetry Contractors	
Delivery of product: <input type="checkbox"/> Yes <input type="checkbox"/> No	Installation of product: <input type="checkbox"/> Yes <input type="checkbox"/> No
Operations OSHA compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment properly guarded: <input type="checkbox"/> Yes <input type="checkbox"/> No
Raw materials and Flammables properly stored: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dust Collection System in place: <input type="checkbox"/> Yes <input type="checkbox"/> No
Use of mechanical aids for material handling: <input type="checkbox"/> Yes <input type="checkbox"/> No	All trucks equipped with lifts: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is approved spray booth properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Weight Lifted, per Indiv:
Is proper eye protection and respiratory equipment provided to employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<u>Signed By:</u>
<u>Title:</u>
<u>Dated:</u>