



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:	
Inspection Contact:		Tel:	
		Email:	
Premium Audit Contact:		Tel:	
		Email:	
Claims Contact:		Tel:	
		Email:	
Prior Payroll & Premium			
	Total Annual Payroll	Premium	
Expiring Year: 2024-2025			
Prior Year: 2023-2024			
Prior Year: 2022-2023			
Prior Year: 2021-2022			
Prior Year: 2020-2021			
Prior Year: 2019-2020			
Have you had a lapse in your Workers' Compensation coverages during the last two years?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____ 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how often? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, please describe:		
Manual Lifting – Maximum Weight:		
Is there a Safety Incentive Plan for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:		
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 compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is work area free of congestion? <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)		
Is a PUC / DMV Filing Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Certificate Number:		
# of Light Vehicles:	# of Medium Vehicles:	# of Heavy Vehicles:
# of Extra-Heavy Vehicles:	Total # of Vehicles:	
Maximum radius of operations:	Any overnight travel?	
Any Out of State Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If any Out of State travel, please provide details:		
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:	
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?	
What type of protective equipment is required?			
Restaurants			
Is there a bar/lounge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
% of Sales - Food:		% of Sales – Liquor:	
Special Events Setup: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Entertainment Setup: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Catering or Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:			
Maximum Delivery Radius:		Delivery Hours:	
Do you perform MVR checks on drivers?		Vehicles used: <input type="checkbox"/> Personal <input type="checkbox"/> Company <input type="checkbox"/> Both	
Number of Wait staff:	Number of Bartenders:		Number of Cooks:
Average entrée price: \$		Multiple floors: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Valet Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employees: <input type="checkbox"/>		Sub-Contractors: <input type="checkbox"/>
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	
Hotels			
Year Built:		Number of Stories:	
Number of Rooms:		Average Room Rate: \$	
Restaurant on site: <input type="checkbox"/> Yes <input type="checkbox"/> No		Conference Center: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shuttle Service Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, type and number of vehicles:	



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	
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	
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	
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):			
Number of Drivers Under Age 25:			
Number of Salespersons:		Are salespersons provided a company vehicle for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any of the following?		Towing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roadside Assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tire Repair: <input type="checkbox"/> Yes <input type="checkbox"/> No	Caged Tire Repair process: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a Body Shop with a Paint Booth:			
Do you have an UL approved Spray Booth? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do employees wear/use respiratory protection? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are employees properly trained in the use of respiratory equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Electrical Contractors			
Percentage of Work:	_____ % Industrial	_____ % Commercial	_____ % Residential
		_____ % New Construction	_____ % Remodel
Are you Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		License #:	
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	
Maximum Height Exposure:		Percentage of Aerial Work: _____ %	
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	
HVAC Contractors			
Percentage of Work:	_____ % Industrial	_____ % Commercial	_____ % Residential
		_____ % New Construction	_____ % Remodel
	_____ % Electric	_____ % Gas	_____ % LPG
Are you Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		License #:	
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	
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: _____	
What type of personal protection equipment is provided?			
Are you involved in Demolition of Buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you work with scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, up to what height:	
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 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 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 height and 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		
Do you use pesticides and fertilizers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many EE's hold Qualified Applicator Certificates?			



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	Residential Framing? <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
Spray booth UL Approved with proper ventilation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Max Weight Lifted, per Indiv:
Are proper PPE's (including 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>