

MANUFACTURING SUPPLEMENTAL INFORMATION

INSURED NAME: _____ DATE: _____

AGENCY: _____ AGENT NAME: _____

1. About the insured's employees:

How many workers do they employ full-time?	How many workers do they employ part-time?	How many seasonal employees?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. Are all employees required to provide a signed US Department of Justice Form I-9 for verification of employment eligibility? Yes _____ No _____ If no, explain _____

3. Employee Turnover Percentage: _____ %

4. Is an employee Return to Work Policy available? Yes _____ No _____

5. Is there a formal safety program in place? Yes _____ No _____

6. Is there an active safety Committee with an appointed Safety Director? Yes _____ No _____

7. Are regular safety meetings conducted and safety rules are enforced? Yes _____ No _____

8. Are first-aid kits or medical assistance available? Yes _____ No _____

9. Are areas inspected daily for safety problems? Yes _____ No _____

10. Are walkways kept clear with sufficient lighting in all areas? Yes _____ No _____

11. Is there emergency lighting to illuminate all walkways and exits? Yes _____ No _____

12. Is PPE (personal protective equipment) available and used properly? Yes _____ No _____

13. Are all safety signs posted and readable to all employees? Yes _____ No _____

14. Are all machine guards in place? Yes _____ No _____

15. Is there a lockout/tagout program in place? Yes _____ No _____ Are Employees properly trained? Yes _____ No _____

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16. What kind of inspection and maintenance schedule is set up for machinery? _____
17. Are employees instructed on proper lifting techniques? Yes ____ No ____
18. Do employees utilize the buddy system for lifting heavy items? Yes ____ No ____
19. Does the insured operate a forklift? Yes ____ No ____ If so, have the forklift operators received training as required by OSHA? Yes ____ No ____
20. Are forklifts gas or electric powered? _____
21. Is area equipped with Carbon Monoxide detectors with audible alarms? Yes ____ No ____
22. Are Material Safety Data Sheets (MSDS) readily available for all chemicals utilized? Yes ____ No ____
23. Have employees been trained in hazardous communication? Yes ____ No ____
24. Are accidents recorded on the OSHA log? Yes ____ No ____
25. Are accident investigations performed and on file? Yes ____ No ____
26. Have accidents that have occurred in the past been reviewed and discussed with employees to develop measures and prevent recurrence of similar accidents? Yes ____ No ____
27. Are spills cleaned up immediately? Yes ____ No ____
28. Are chemicals used and stored properly? Yes ____ No ____
29. Where fumes, vapors and gases are present, is respiratory protection utilized? Yes ____ No ____
30. Is there a delivery exposure? Yes ____ No ____ Radius of travel: _____ States traveled: _____
31. What method of loading and unloading trucks is used? _____
32. Is there an installation exposure? Yes ____ No ____ If yes, explain _____
33. If there are workstations, are they ergonomically designed? Yes ____ No ____