

Manufacturing Supplemental

Employer: _____

Website: _____

General Information

1) Detailed description of business:

2) Does machinery have a point of operation guarding? Yes No3) Are lockout/tagout procedures in place? Yes No4) Do machines have proper ventilation/dust collection systems? Yes No

5) Employees are required to use:

Personal Protective Equipment

Hard hats

Safety glasses

Steel toe shoes

Hearing protection

Gloves

Other: _____

6) Does the organization hold regular safety meetings with employees? Yes No7) Does the organization have informal toolbox safety talks? Yes No

8) Select drug testing programs the organization has in place:

Pre-employment drug testing

Random drug testing

Post-accident drug testing

For cause

Other: _____

None

9) Does the organization have an Early Return to Work program in place? Yes No10) Does the operation have union employees? Yes No

11) How automated is the manufacturing process? _____

a) Maximum weight any employee is required to lift: _____ lbs

12) Number of full-time employees: _____ Part-time employees: _____

13) Maximum number of employees working at one time at a location? _____

14) Additional comments:

Employer Signature: _____

Date: _____