

MACHINE SHOP SUPPLEMENTAL APPLICATION

Named Insured: _____

Website: _____

GENERAL INFORMATION:

Total Number of Employees:	# Full Time	# Part Time	# Over Age 60
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Please list ages and duties of all employees over age 60: _____

Is a Return-to-Work Program in place? _____

Name of RTW Coordinator: _____

OPERATIONS:

Is a formal shop inspection schedule in place to check equipment for repairs? _____

Is a formal lock out/tag out [LO/TO] program in place in which all employees receive training? _____

If yes, describe: _____

Any high voltage work performed? _____ If yes, describe: _____

Machine Guarding in place? _____ Employees following machine guarding procedures? _____

Are written procedures in place for each piece of equipment? _____

How are shop light bulbs changed? _____

Are fork lift operators certified? _____

Any confined space entry? _____ If yes, describe _____

General Personal Protective Equipment (PPE) requirements? _____

Any welding operations? _____ If yes, provide details of Hex Chrome controls _____

Any powder coating or spray painting operations? _____ If yes, answer the following:

- Type of respirator used _____
- Certified Spray Booth Used? _____
- I spray gun triggering device interlocked with the exhaust fan to prevent its functioning when fan shut down? _____
- Equipment grounded? _____

Describe any exposure to hazardous and/or carcinogenic materials? _____

If applicable, how many years has exposure existed? _____

Any offsite work i.e. installation or warranty repairs? _____ If yes, provide details on type of work performed and radius of operations _____

Thank you for providing this information.

Signature of Person Completing	Title	Date Signed