

# Roush Insurance Services, Inc.

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## MANUFACTURING QUESTIONNAIRE

Applicant: \_\_\_\_\_

Operation: \_\_\_\_\_

Form of raw material: \_\_\_\_\_

Finished product(s): \_\_\_\_\_

Detailed description of manufacturing process:

### To be completed for each location.

Is process automated, computer operated or manual? \_\_\_\_\_

Sprinklered?.....  Yes  No

Type: \_\_\_\_\_

Dust Collection system? .....  Yes  No

Type: \_\_\_\_\_

Storage of dust at least 50 feet away from buildings? .....  Yes  No

Is dust used for fuel?.....  Yes  No

Any dry kilns on premises?.....  Yes  No

If yes, how many? \_\_\_\_\_

Ventilation system? .....  Yes  No

Type: \_\_\_\_\_

Condition of overall housekeeping: \_\_\_\_\_

Night clean up crew?.....  Yes  No

Is there 24-hour security?.....  Yes  No

Premises fenced? .....  Yes  No

How is raw material moved to production area?  Conveyors  Auger  Overhead Cranes  Forklifts

Other: \_\_\_\_\_

Is electrical equipment and wiring explosion proof? .....  Yes  No

All process equipment grounded and bonded? .....  Yes  No

Does equipment have automatic shut-off?.....  Yes  No

What is the age of the processing equipment? \_\_\_\_\_

What is the inspection and servicing schedule for all equipment (including conveyors, hydraulic lines, etc.)?

How often is the electrical equipment and wiring inspected and serviced by a licensed professional?

- Are you in compliance with NFPA 70 on electrical codes? .....  Yes  No
- Are you in compliance with NFPA 77 on static electricity? .....  Yes  No
- Does production machinery have dust tight seals and explosion venting?.....  Yes  No
- Is smoking allowed on premises?.....  Yes  No
- If yes, describe designated premises: \_\_\_\_\_

**Storage of Raw Material:**

- What form is raw material stored in? \_\_\_\_\_
- Is storage of raw material separated from production and finished product? .....  Yes  No
- If yes, by:  Firewalls  Separate Building  Other: \_\_\_\_\_
- What is the average size of stockpiles? \_\_\_\_\_

**Storage of Chemicals, Flammables or Solvents, etc.:**

- Is storage separated from all other operations? .....  Yes  No
- If yes, by:  Firewalls  Separate Building  Other: \_\_\_\_\_
- What other chemicals, flammables or solvents are used (include trade names.)?

- Quantity of each? \_\_\_\_\_
- Container type, size and number of gallons? \_\_\_\_\_
- Are Material Data Safety Sheets on file and available?.....  Yes  No
- Describe any cadmium, magnesium, zirconium or titanium: \_\_\_\_\_
- Are all 55 gallon drums storing chemicals properly grounded? .....  Yes  No
- Is only a single day's supply stored on the premises?.....  Yes  No
- If no, how much? \_\_\_\_\_
- Is storage area properly ventilated? .....  Yes  No
- If no, what kind of ventilating is used? \_\_\_\_\_
- Are you in compliance with NFPA 30 standards? .....  Yes  No

**Storage of Finished Product:**

- Is storage of finished products separated from the production area? .....  Yes  No
- If yes, by:  Firewalls  Separate Building  Other: \_\_\_\_\_
- What is the average size of the stockpiles? \_\_\_\_\_

- Do you have trained in house fire brigade?.....  Yes  No
- What is the response time from the Fire Department? \_\_\_\_\_
- Do you have your own water source on site?.....  Yes  No
- If yes, describe:

Do you have your own firefighting equipment on site? .....  Yes  No

If yes, describe:

Are there grinding or finishing operations? .....  Yes  No

If yes, is there a shield guard? .....  Yes  No

Please provide details on these operations:

Are there painting or laminating operations? .....  Yes  No

U/L approved paint booth? .....  Yes  No

If no paint booth, describe how it is controlled:

Are there welding operations? .....  Yes  No

If yes, are hot work permits obtained? .....  Yes  No

Fire watch? .....  Yes  No

If yes, separate cut off area from other operations? .....  Yes  No

Are there woodworking operations? .....  Yes  No

If yes, are all operations or equipment covered by dust collection system? .....  Yes  No

Where is collectable sawdust stored?

Agency \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Fax \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_