



All Risks, Limited
 10150 York Road, 5th Floor, Hunt Valley, MD 21030
 Phone: 800-366-5810
 Fax: 410-828-8179

Safety Contractors Questionnaire

Company Name: _____

D.B.A: _____

Related Entities/Units: _____

Average Number of Employees: _____ Full Time: _____ Part Time: _____

Occupational Safety and Health (OSHA) citations in the past five years (final orders):

“Willful” citations or “Serious” citations? Yes No

Comments: _____

Written Workplace Safety Program (10 or more employees only) Yes No

Safety Committee Established? (25 or more employees only) Yes No

If yes, please describe: _____

Safety Representative? Yes No

Percentage of time spent on safety: _____ %

Safety Representatives

Name: _____	Contact Number: _____
Name: _____	Contact Number: _____
Name: _____	Contact Number: _____

Completely describe scope of various company operations: _____

Do your employees work with or around any of the following:

1. Scaffolding:
 - a. Suspended? Yes No
 - b. Conventional? Yes No
 - c. Scaffold Erection? Yes No
2. Elevations greater than:
 - a. 15' Yes No
 - b. 30' Yes No
 - c. Maximum Height Exposure: _____ Yes No
 - d. Leading Edge Work? Yes No
3. If roofer, do you roof about 5 stories? Yes No
 - a. When do you tie off? _____
4. Excavation/Trenches Greater than:
 - a. 4' deep? Yes No
 - b. Greater than 18' deep? Yes No
 - c. Tunneling? Yes No

- d. Maximum depth exposure: Yes No
- 5. Operating Heavy Machinery: Yes No
 - a. Cranes? Yes No
 - b. Aircraft? Yes No
- 6. Electrical Equipment voltages greater than 300 VOLTS AC? Yes No
- 7.
 - a. Sandblasting Yes No
 - b. Painting? Yes No
 - c. Paint Booths? Yes No
- 8. Extremely Hazardous Chemicals? Yes No
 (Examples: strong acids, caustics, 2 part paints or epoxies, pesticides)
- 9.
 - a. Building Demolition? Yes No
 - b. Asbestos Removal? Yes No
- 10. Explosives/Fireworks? Yes No
- 11.
 - a. Vehicle Maintenance? Yes No
 - b. Tire Mounting/Split Rims/Multi-Piece Rims? Yes No
- 12.
 - a. Gas Companies? Yes No
 - b. Dealing/Distributing oil/gas lease operators/contractors? Yes No
- 13.
 - a. Activities over or under water? Yes No
 - b. Vessels or dry-docks? Yes No
- 14. Gas/Oil operations, drilling, rigging and derrick work,
on/offshore, pipelines and wells? Yes No
- 15. Railroad operations, repair or construction? Yes No
- 16. Amusement Parks, Carnivals or Circuses? Yes No
- 17. Arenas/stadiums/halls? Yes No
- 18. Professional Sports Teams, sports events or grandstands? Yes No
- 19. Methods used to transport employees to and from the work sites? _____

- 20. What is the radius of operations? _____
- 21. Types of Machinery / Equipment Operated? _____

Completed by (Print): _____
 Applicant Email Address: _____ Phone Number: _____

The Above information is correct and complete to the best of my knowledge.

Signature: _____ Date: _____
 Submitted by: _____ Agency: _____