



## Silica Exposure Supplemental Risk Questionnaire (cont.)

8. Are there any operations or processes that use or create an airborne silica exposure? Yes      No  
*If yes, list and describe:*
9. How many employees, visitors, bystanders and/or contractors are there whom are routinely exposed to silica-related operations or processes?
10. Is there a silica exposure control program in place? Yes      No  
*If yes, describe program:*
11. Are there any mechanical ventilation controls in place to reduce the airborne silica exposure? Yes      No  
*If yes, do they have adequate capacity?* Yes      No  
*Are they maintained properly?* Yes      No
12. Are employees, visitors and/or contractors provided personal protection when working in close proximity of silica-related operations or processes? Yes      No
13. Are there any currently-owned or divested subsidiaries that solid silica, silica-containing products, or protection systems for airborne respirable silica? Yes      No  
*If yes, indicate name of subsidiary and description of products:*

**Security Guard Supplemental Risk Questionnaire (cont.)**

15. Please provide a list of your five (5) largest clients, including a description of the services provided to each:

1)

2)

3)

4)

5)

To the best of my knowledge, all of the information I have given about my business is true and correct.

**Officer or Owner of Business**

**Date**

