

## Welding Supplemental Risk Questionnaire

1. Company name:
2. Street address:  
City, state, zip:
3. Does your company manufacture or distribute welding rod, wire, equipment or accessories?      Yes      No
4. Does your company manufacture or distribute exhaust systems or personal protective equipment or accessories for welders?      Yes      No
5. Is welding performed on premises?      Yes      No
6. Payroll and premium information for the current year and last three (3) years:
 

Year	Payroll	Premium
Current:		
1 <sup>st</sup> Prior:		
2 <sup>nd</sup> Prior:		
3 <sup>rd</sup> Prior:		
7. Is welding operation:      Routine production      In confined areas  
   Maintenance/repairs      Remote/isolated
8. Frequency of welding operation:      Daily      Weekly      Monthly      Quarterly
9. How many employees or contractors working on or in proximity of welding tasks?  
                         Less than three (3)      Four (4) to ten (10)      Greater than ten (10)
10. Are there any currently-owned or divested subsidiaries that manufactured or sold welding rods or equipment, or protection systems for airborne respirable welding fumes?      Yes      No
11. Do you have controls in place to control employee exposure (i.e. exhaust ventilation, respirators, welding curtains, gloves, aprons or helmets)?      Yes      No
12. Have you ever performed an Industrial Hygiene Survey for welding fumes?      Yes      No

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**