

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 st Prior: | | |
| 2 nd Prior: | | |
| 3 rd 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