

**BREWERY SUPPLEMENTAL QUESTIONNAIRE**



**Attention Applicant:** This questionnaire must be fully completed and be signed and dated by an owner, officer, or partner.

**SECTION I - APPLICANT INFORMATION**

Business Name:		FEIN:
Address:		
City:	State:	Zip:
Website:		

**SECTION II – OPERATIONS**

Detailed description of the operations?

Classify the operation:

<input type="checkbox"/> Regional Brewery	<input type="checkbox"/> Contract Brewer
<input type="checkbox"/> Microbrewery	<input type="checkbox"/> Brewpub

List the percentage of annual gross receipts/revenue from on premises consumption?  
\$

How many years' experience does the Brew Master have?

What is the square footage of the brewery?	What is the square footage of the bar or restaurant/bar?
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Does the electrical system meet OSHA requirements outlined in 1910.307(a)(1)? Select One

Do you distribute with owned trucks and employees? Select One (if yes see below):  
 How many trucks are owned and operated?      Are drivers required to have a CDL? Select One  
 Who maintains the vehicles?

Are forklift operators certified? Select One	What is the maximum weight lifted by an employee?
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**Section III – Personal Protective Equipment (PPE)**

Check each box to indicate the PPE provided to employees working within the brewery:

<input type="checkbox"/>	Eye protection: Protects against hot water, chemical splashes/spills, glass breaking while bottling.
<input type="checkbox"/>	Ear protection: Protects against noise from the bottling/canning and racking equipment; also protects against noise-induced hearing loss from driving or working near loud forklifts and trucks.
<input type="checkbox"/>	Protective helmets: Helmets must be worn where falling object hazards are present, such as near a conveyor belts carrying bottles or in a warehouse where kegs are stored.
<input type="checkbox"/>	Protective footwear: Protects against hot water or chemical spills, broken glass, dropped kegs, etc. Also reduces the risk of slips and falls on sometimes wet and slippery brewery floors.
<input type="checkbox"/>	Safety aprons and gloves: for the handling of chemicals, and to protect against splashing and hot water.

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<b>SECTION IV – SAFETY</b>
Is there a written safety program? Select One
Are employees required to sign an acknowledgment of the safety manual/procedures? Select One
Are chemicals clearly labeled using the GHS or Globally Harmonized System? Select One
How often is maintenance and cleaning performed on cylinders?
Describe how kegs are stored?
Has the organization been cited by Osha in the past five years? Select One If yes, have the citations been remedied? Select One

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Applicant Signature  
(must be owner, officer, or partner)

\_\_\_\_\_  
Applicant Name and Title (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature  
(must be appointed agent of MCIM)

\_\_\_\_\_  
Agent Name (please print)

\_\_\_\_\_  
Date