

## EQUINE QUESTIONNAIRE

### 1. Company Information

Business Name:		
Number of Employees:	FT:	PT:

### 2. Operations and Services Offered:

Please provide a detailed description of your operations and services:

### 3. Breakdown of Employees:

Occupation/Title	Number of EEs	Occupation/Title	Number of EEs

### 4. Duties:

Do any employees ride in back of trailer with horses at any time?      Yes \_\_\_\_\_ No \_\_\_\_\_

Do any W-2 employees mount or ride horses at any time?                Yes \_\_\_\_\_ No \_\_\_\_\_

Do employees perform maintenance or repair of buildings?            Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is there any repair on rooftop or at heights?                        Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is maximum height? \_\_\_\_\_

Do any employees live on property?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many? \_\_\_\_\_ Value of room and board per month? \$ \_\_\_\_\_

List number and duties of any employees under age 16:

List number and duties of any employees over age 16:

**5. Vehicles:**

Who maintains the company vehicles and how often are they inspected? Please describe:

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Number of authorized drivers: \_\_\_\_\_

Maximum number of employees in single vehicle at any time: \_\_\_\_\_

**6. Safety Policies and Procedures:**

Type of Program	Yes/No	Frequency / Description (if applicable)
Written safety program		
Safety Meetings		
Accident Investigation		
MVR Checks, note frequency		
Red flag / root cause questionnaire		
Drug Free Workplace		
Personal Protective Equipment required		
Describe formal Return to Work/Light Duty Program		

**7. Employee hiring and training:**

Practice	Yes/No or describe
Post-offer Medical Questionnaires	
Drug testing pre-hire	
Background check	
E-Verify.gov	
Minimum years' experience requirement	
Turnover percentage	
Average compensation	
Describe training program	

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Business Principal

Title

Date