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| **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:[ ]  Regional Brewery | [ ]  Contract Brewer  |
| [ ]  Microbrewery  | [ ]  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?       |
| Does the electrical system meet OSHA requirements outlined in 1910.307(a)(1)?  |
| Do you distribute with owned trucks and employees?  (if yes see below:)How many trucks are owned and operated?       Are drivers required to have a CDL? Who maintains the vehicles?       |
| Are forklift operators certified?  | What is the maximum weight lifted by an employee?       |
| **Section III – Personal Protective Equipment (PPE)**  |
| Check each box to indicate the PPE provided to employees working within the brewery: |
| [ ]  | Eye protection: Protects against hot water, chemical splashes/spills, glass breaking while bottling. |
| [ ]  | 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. |
| [ ]  | 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. |
| [ ]  | 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. |
| [ ]  | Safety aprons and gloves: for the handling of chemicals, and to protect against splashing and hot water. |

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| **SECTION IV – SAFETY**  |
| Is there a written safety program?  |
| Are employees required to sign an acknowledgment of the safety manual/procedures?  |
| Are chemicals clearly labeled using the GHS or Globally Harmonized System?  |
| 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? If yes, have the citations been remedied?  |
| 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 |