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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 | |