

**STATE OF DELAWARE  
WORKPLACE SAFETY PROGRAM QUESTIONNAIRE – PART II  
JOBSITE ADDENDUM**

Submit application **5 months prior** to your policy renewal date.  
Please include **General Application** with the jobsite addendum submission.  
Save form before submitting.

Business Name: \_\_\_\_\_

**I. SAFETY EQUIPMENT/PROTECTIVE CLOTHING AND EQUIPMENT**

This section deals with protective clothing necessary for the job or jobs performed.

1. List Personal Protective Equipment (PPE) for your industry:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a.) How do you enforce? \_\_\_\_\_  
b.) How is PPE maintained? \_\_\_\_\_  
c.) Is equipment subsidized?  Partially  Fully  Not at all

**II. EYE PROTECTION**

You should complete this section whenever employees are exposed to such hazards as chemical fumes, vapors, splashes, intense heat, molten metals, wood and metal chips, and high dust levels.

1. Are safety glasses worn which meet or exceed ANSI standards?  Yes  No  
a) Do they have side shields?  Yes  No  
b) Are goggles worn when they are needed?  Yes  No  
c) Are all glasses regularly cleaned after each use, particularly the goggles?  Yes  No  
2. Are safety shields worn over safety glasses?  Yes  No  
(for protection against chemical splash, glass breakage, and severe impact hazards)  
3. Are there eye or eye/face wash stations in areas where chemicals are handled?  Yes  No

**III. HEARING PROTECTION**

Complete this section if your business has a DBA level of 85 or more.

1. Do you have a hearing conservation program?  Yes  No  
a.) Do you comply with all OSHA or Delaware state standards where employees are exposed on a regular basis to high noise levels?  Yes  No  
b.) How and when are workplace noise levels monitored? \_\_\_\_\_  
c.) Do you give your employees annual hearing tests with records maintained?  Yes  No  
d.) Is proper hearing protection (earmuffs/plugs) furnished and/or required to be worn?  Yes  No  
e.) How is this enforced? \_\_\_\_\_  
2. How often are employees given rest periods or alternate work away from the noise?  
\_\_\_\_\_  
3. Do you rotate or transfer personnel who show evidence of a significant shift in hearing threshold?  Yes  No

**IV. RESPIRATORY PROTECTION**

This section applies if your business has an exposure to respiratory hazards.

- 1. Do you have an oxygen deficiency hazard?  Yes  No
- 2. Do you have vapor and particulate hazards?  Yes  No  
(dusts, sprays, fumes, mists, fogs, smoke, or smog)
- 3. Are employees exposed to any gaseous contaminants?  Yes  No
- 4. Are work areas monitored regularly for contaminant levels?  Yes  No
- 5. Are respirators required?  Yes  No
  - a.) Are they properly fitted?  Yes  No
  - b.) Are instructions given in proper use?  Yes  No
  - c.) Are they cleaned, inspected, and disinfected after each use?  Yes  No
  - d.) Are filters replaced on a regular and routine basis?  Yes  No

**\*\* If the answer to any of the above questions 1 through 5 is "yes," do you have a written respirator program in compliance with [Federal Regulation 29 CFR 1910.134](#)?**

**V. MACHINE GUARDING**

Complete this section only where machinery is in use.

- 1. List the types of equipment you have on hand: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Do you keep adequate machine guards in place where required?  Yes  No
- 3. Do you have only trained individuals operating or repairing machinery?  Yes  No
- 4. Do you implement a preventative maintenance program?  Yes  No
- 5. Are any defects remedied immediately?  Yes  No
- 6. Do you have maintenance employees on site?  Yes  No
- 7. If an employee removes a guard or disengages a safety device, what corrective action is taken? \_\_\_\_\_  
\_\_\_\_\_
- 8. Is the anchoring secure for fixed-location machinery?  Yes  No

Name, title and employer of person completing this questionnaire: \_\_\_\_\_

If not an employee of company, please provide relationship: \_\_\_\_\_

Information Verified by (Management Level Employer Representative): \_\_\_\_\_

Date: \_\_\_\_\_

For more information, call **(302) 674-7377**.

Submit applications or questions by fax, mail, or email:

Delaware Department of Insurance  
Attn: Workplace Safety  
1351 West North Street, Suite 101 Dover, DE 19904

(302) 736-7910 Fax  
[safety@delaware.gov](mailto:safety@delaware.gov)