

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