

Auto Oil Lube Questionnaire

Supplemental to
Fully Completed ACORD 130 Workers' Compensation Application

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| Applicant Name | Effective Date |
| FEIN | Website |

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| Description of Operations |
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| Hiring Practices | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Written Application |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Written Job Description |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Background / Reference Check |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre-Hire Drug Testing |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre-Hire Physical Fitness Test |

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| Safety Practices | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Formal Injury & Illness prevention program |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Formal Return to Work program |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Quarterly (or more) safety meetings |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Quarterly (or more) safety training |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Safety Incentive Plan |

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| Management Practices, Operations, Loss Control, Claims Handling & Benefits | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a FT risk/safety mgr. employed whose job is 50%+ safety related? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a post-accident drug testing program for all workplace injuries? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a formal accident investigation and claims reporting process? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do more than 50% of employees receive group health that is 50% employer paid? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you provide vacation and sick time to all employees? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your facility have proper ventilation? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you operate a Car Wash? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you sell Gasoline or Diesel? |

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| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are all waste and flammable liquids properly labeled, sealed, and stored in a safe area? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are all employees trained in chemical hazard safety and emergency preparedness? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are floors made of noncombustible material, free of oil and grease and sealed? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are all employees required to wear Personal Protective Equipment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you use a chain dolly when removing or transferring heavy equipment from vehicles? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you do any welding on your vehicles? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you conduct any split rim work? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you provide any towing or roadside assistance services? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you sell or repair rubber tires? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do your vehicle pits have a safety cover to protect from fall in? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you use safety lights in vehicle pits that are safe with any fumes? |