



Sawmill Supplemental Application

Date _____
(mm/dd/yy)

Applicant Name: _____

Location: _____

****Note:** if more than one mill location is in operation, please fill out separate applications for each location and indicate the location.

- 1.) Is a formal safety program in place? Yes No
 - a.) If yes, please describe the safety program and training.
 - b.) Is this a written program? Yes No If yes, attach a copy to this form.

- 2.) How many years experience do the supervisor and fellow employees have?

- 3.) a.) Does an employee always receive training on how to use equipment before they operate the equipment?
Yes No
 - b.) Are training certificates issued? Yes No

- 4.) What type of mill do you operate? Circular? Band? Both? Other? (Please describe.)

- 5.) What are your main areas of business? (Grade lumber, Pallets Posts, Fencing, etc.)

- 6.) a.) Which of the following pieces of equipment are used in this operation?

	Y	N	Age		Y	N	Age
Log Truck	_____	_____	_____	Loader	_____	_____	_____
Nail Guns	_____	_____	_____	Notcher	_____	_____	_____
Table Saw	_____	_____	_____	Grading Chain	_____	_____	_____
Dip Tank	_____	_____	_____	End Trimmer	_____	_____	_____
Chain Saws	_____	_____	_____	Debarker	_____	_____	_____
Edger	_____	_____	_____	Chipper	_____	_____	_____
Dry Kilns	_____	_____	_____				

Other types of heavy machinery: (Please list.) _____

What type(s) of log trucks? _____

b.) How often are machines/equipment services or inspected for safety? _____

- 7.) a.) What chemicals, if any, do you use on the lumber/logs to help guard against the threat of stain or mold? _____

- b.) Where are these chemicals stored? _____

8.) a.) Has your mill been inspected, by an external inspector, for fire hazards? Yes No

b.) If yes, by whom and when?

c.) Are fire extinguishers readily available throughout the premises? Yes No

9.) Do you burn any waste material? Yes No

If yes, how is this supervised? _____

10.) How do you dispose of your dust and chips? _____

11.) Is a lock-out/tag-out program in operation? Yes No

a.) If yes, is everyone trained in the lock-out/tag-out program? Yes No

12.) Are laser beams used? Yes No

13.) Who is responsible for changing items such as chipper blades, head saw, etc.? (Give complete description of this phase of the operation including training.) _____

14.) Do you sharpen your own saws? Yes No

If yes, who is responsible for that duty? _____

15.) How often are work areas cleaned? _____

16.) Are all work areas adequately illuminated? (Describe) _____

17.) Are all work signs posted throughout the premises clearly marking all potential hazards?

Yes No (Explain.) _____

18.) How are the logs loaded on/off trucks? _____

19.) Do workers rotate jobs or do they do the same task every day? _____

20.) a.) Are employees required to have a physical before they are hired? Yes No

b.) Is drug/alcohol testing done? Yes No

21.) Please describe the use of the following safety equipment by employees in this operation:

	Required	Optional	Not Used	Please describe or explain any additional safety equipment you are using.
High top, steel toe boots	_____	_____	_____	_____
Hard Hats	_____	_____	_____	_____
Two Way Radios	_____	_____	_____	_____
Gloves	_____	_____	_____	_____
Safety Glasses	_____	_____	_____	_____
Hearing Protection	_____	_____	_____	_____
Back Support	_____	_____	_____	_____

22.) Are First Aid Kits provided at the job site? Yes No Snakebite kits? Yes No

23.) a.) Is a telephone readily available at the mill? Yes No

b.) If no, how far is it to the nearest telephone? _____