

FARM SUPPLEMENTAL

Operations:

Type of farm or agribusiness:

- Field Drop Livestock Combination crop/Livestock Poultry
 Truck farm (incl. fruit, tree nut, vegetable) Other

- 1) Number of head of livestock _____ Number of swine or poultry houses _____
Number of small animal coops _____ Number of cows milked (if dairy) _____
Number of milkings per day (if dairy) _____ Number of total acres (if field crop farm) _____
Number of owned acres _____ Number of rented or leased acres _____
- 2) Please specify the type of crop, poultry or livestock raised or other farming, ranching or agribusiness operations performed:
- 3) Is harvesting mechanized or manual?? _____
- 4) Do workers transport products?? Yes No
If yes, what is the mileage radius?? 0-50 51-100 Over 100
- 5) Are current motor vehicle reports (MVR) obtained on all drivers? Yes No
- 6) Any work related injuries in the past three years? Yes No
If yes, please list and describe _____
- 7) Is there Workers' Compensation of Employers Liability coverage in place? Yes No
If yes, provide carrier name and expiration date _____

Labor:

- 8) Is contract labor used for planting/harvesting? Yes No
If yes, provide % of use _____
- 9) Any custom farming operations performed? Yes No
- 10) Any non-farming activities such as excavation, snow removal or other business pursuits Yes No
- 11) Do you employ seasonal/migrant labor? Yes No
If yes, do you participate in the H-2A program? Yes No
If yes, what percentage of your employees is migrant labor during your peak season? _____
If yes, what percentage of your total payroll applies to the migrant labor? _____
If yes, provide details of when season begins & ends, number of seasonal employees hired and if same employees used each season _____
- 12) Is housing provided to employees? Yes No
If yes, number of employees housed in total _____ Number housed per unit _____
If yes, type of structure (house, apartment, mobile home, etc.) _____
If yes, age of structure(s) _____
- 13) Are any employees transported by vehicles on or off the premises? Yes No
If yes, explain the circumstances and type of transportation _____
- 14) Do you employ or plan to hire teenagers? Yes No Ages? _____
- 15) Any use of pesticides or fertilizers? Yes No
If yes, is application done by : employees Outside vendor
If by employees, is a respiratory program in place? Yes No
- 16) Any crop dusting operations? Yes No

Equipment/Safety

17) Indicate the number of farm tractors:

Equipped with rollover protective structures ____

Without rollover protective structures ____

Equipped with seat belts ____

Without seat belts ____

18) Does the employer enforce a rule to turn off engines and power take-offs(PTOs) prior to unclogging, adjusting and servicing power equipment? Yes No

19) Are all tractor PTOs and PTO drive shafts covered? Yes No

20) Any use of ATVs? Yes No

If yes, number used in operation _____

21) Return to light duty program in place? Yes No

22) Safety meetings held for all employees? Yes No If yes, frequency _____

23) Safety training done for all employees? Yes No

24) All machinery properly guarded? Yes No

25) Lockout/tag out procedures? Yes No

26) Any grain bin/silo exposure? Yes No

If yes, how many ____ Describe procedures when working in or around them (i.e. tied off, working alone, do employees enter the bins, etc.)