



Mid Valley General Agency LLC
 3400 State Street #G-740, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
 www.midvalleyga.com

Wood Manufacturing Questionnaire

To:	Company:
From:	Date:
Prospect:	
<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review
<input type="checkbox"/> Please Reply	

Please provide the following information for quotation consideration:

1. Detailed description of the Manufacturing Process from a Raw Product to a Finished Product.

2. Check all applicable Protective Safeguards (Warrant via the JGF-9, Clause F):

Dust Collection System	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Complete (Vented Outside)	<input type="checkbox"/> Individual Machinery
Ventilation System	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Complete (Vented Outside)	<input type="checkbox"/> Individual Machinery
Spray Finishing/Painting	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> UL Approved Spray Booth	<input type="checkbox"/> Separated from Process Area
Dipping Tanks Automatic Covers	<input type="checkbox"/> Cold <input type="checkbox"/> Hot <input type="checkbox"/> Coating	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Separated from Process Area
Dust Bin Explosion Vents		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Explosion Proof Electrical Equipment & Wiring		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Grounded Electrical & Mechanical Equipment		<input type="checkbox"/> YES <input type="checkbox"/> NO	
UL Approved Flammable/Chemical Storage Cabinets and/or Containers		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Separated from Process Area
Non-Sparking Tool Equipment		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Veneer Dryer		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Temperature Interlock & Sprinkler System		<input type="checkbox"/> YES <input type="checkbox"/> NO	

3. Furniture:

Upholstery	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Separated from Process Area	<input type="checkbox"/> Cotton	<input type="checkbox"/> Polyester	<input type="checkbox"/> Leather
Refinishing	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Separated from Process Area	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Polyurethane Foam	<input type="checkbox"/>

4. Other:

Lumberyard on site	<input type="checkbox"/> YES <input type="checkbox"/> NO	Stock Value:	Distance to nearest building:
Drying Kiln	<input type="checkbox"/> YES <input type="checkbox"/> NO	Distance to nearest building:	
Drying Oven	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Hot Presses	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Packaging Material	<input type="checkbox"/> Paper <input type="checkbox"/> Cardboard	<input type="checkbox"/> Plastic <input type="checkbox"/> Styrofoam	<input type="checkbox"/> Pallets <input type="checkbox"/>
Welding	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Separated from Process Area	
Kerosene and/or Space Heaters	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Any Machinery 15 years or older	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Any Obsolete Machinery	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Any Custom Made Machinery	<input type="checkbox"/> YES <input type="checkbox"/> NO		

5. List all chemicals/flammables with Flashpoints < 100 degrees Fahrenheit, days & quantity (gallons/drums) stored, and location in or distance from the manufacturing building. (Please attach list)

6. Target Rate:

Producer Name: _____

Applicant Signature: _____

Date: __/__/____