

PlaterGuardSM Program
Supplemental Questionnaire for Metal Finishing

Insured Name: _____

Indicate all operations that are applicable to your business:

- | | | |
|---|---|---|
| <input type="checkbox"/> Plating | <input type="checkbox"/> Anodizing | <input type="checkbox"/> Heat Treating |
| <input type="checkbox"/> Electro-Polishing | <input type="checkbox"/> Powder Coating | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Coating | <input type="checkbox"/> Electrostatic Spraying | <input type="checkbox"/> Polishing |
| <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Hardening | <input type="checkbox"/> Electroplating |
| <input type="checkbox"/> Other (please describe): _____ | | |

Indicate all metals/alloys that are applicable to your business:

- Copper _____ Gold _____ Nickel _____ Silver _____ Tin _____
Zinc _____ Brass/Bronze _____ Chromium _____ Cadmium _____
Other (please describe): _____

What percentage of operations is for corrosion resistance? _____ Strengthening? _____ Decorative? _____

Provide number, type, and size of hot process equipment, heat treating ovens, plating, anodizing tanks, and hardening equipment: _____

Do you conduct adhesion tests on the plated objects? Y__ N__ If yes, please describe the type of test(s): _____

Do you use the services of independent testing laboratories? Y__ N__ If yes, please describe the type of services provided: _____

Are you included as an "additional insured" on the testing laboratory's product liability policy? Y__ N__

Do any of your customers inspect your premises and operations to determine if you meet their quality control requirements? Y__ N__

Do you have a formal emergency response plan in the event of a fire or release of pollutants? Y__ N__ If yes, is a copy provided to the local emergency response teams (i.e. fire department)? Y__ N__

Please indicate whether your immersion equipment has any of the following items attached:

- Low fluid level control automatic shutoff
- High temperature control automatic shutoff
- Automatic fuel shutoff

What is the age of your oldest production equipment? _____

What are your hours of operation? _____

Do you have beginning and end of day or shift start-up and shut-down procedures for the production equipment? Y__ N__

Do you have floor spill containments in the event of rupture of tanks, fuel lines, etc? Y__ N__

If yes, please describe: _____

How many Spray Paint Booths Do you have? _____ Are they UL approved Y__ N__

Are excess paints stored in UL approved cabinets? Y__ N__