



# Preferred SPECIALTY, LLC

## Plastic 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 Painting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UL Approved Spray Booth	<input type="checkbox"/> Separated from Process Area	
Welding	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Curtains	<input type="checkbox"/> Shield/Guard	<input type="checkbox"/> Separated from Process Area
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		
Automatic Explosion Suppression System	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Other:					

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

4. Storage areas for Raw Materials, Packaging Supplies, and Finished Products are separated from the Processing area.  
 YES, Distance       NO

5. Kerosene or Space Heaters       YES       NO

6. Any Machinery 15 years or older       YES       NO  
 Any Obsolete Machinery       YES       NO  
 Any Custom Made Machinery       YES       NO

7. Target Rate:

Producer Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_