

FARM SUPPLEMENTAL

Operations:

Type of farm or agribusiness:

- ☐ Field Crop ☐ 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.)

Should be triggered by the following class codes:

0005, 0008, 0011, 0016, 0030, 0034, 0035, 0036, 0037, 0079, 0083, 0106, 0113 or 0170

