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Metal & 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
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		
Automatic Explosion Suppression System (Plastics)	<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	
Casting	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Dike Restraining Barriers	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

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. Plastics Operation: 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: __/__/____