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Sheet Metal Work Questionnaire

Please indicate the following:

Reference check of former employers: Yes No

Pre-employment physical exam: Yes No

Pre-employment drug & chemical screening? Yes No

Drug testing- random or at the time of accident? Yes No

What training is provided to new hires? _____

What type of sheet metal work do you perform? _____

Do you perform roofing services? Yes No

If Yes, what type of roofing? _____

What is the angle/pitch of the roof? _____ What is the % of the construction payroll? _____ %

Do you perform gutter/downspout installation? Yes No

If Yes, what is the % of the construction payroll? _____ %

How high do you work? _____ ft.

Do you use fall protection? Yes No

If Yes, what type? _____

What safety programs are in place? _____
