

SHELTERED WORKSHOP QUESTIONNAIRE

Applicants Name: _____ **Date:** _____

	Yes	No
1. Do the jobs provided involve:		
Power tool/power equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Plastic molding?	<input type="checkbox"/>	<input type="checkbox"/>
Woodworking/pallet manufacturing?	<input type="checkbox"/>	<input type="checkbox"/>
Spray painting?	<input type="checkbox"/>	<input type="checkbox"/>
Electrical wiring?	<input type="checkbox"/>	<input type="checkbox"/>
Welding?	<input type="checkbox"/>	<input type="checkbox"/>
Heat sealing?	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
Silk-screening?	<input type="checkbox"/>	<input type="checkbox"/>
Janitorial services & equipment? <i>If yes, provide annual receipts.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping/Lawn care? <i>If yes, provide annual receipts.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other types of jobs provided:		
2. Does your workshop contract with manufacturers for particular projects? If yes,	<input type="checkbox"/>	<input type="checkbox"/>
a.) Do your contracts include a hold-harmless clause favoring the workshop?	<input type="checkbox"/>	<input type="checkbox"/>
b.) Do any of your contracts require you to indemnify the manufacturers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your workshops named as an additional insured on the manufacturer's policy?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are clients covered by workers' compensation insurance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Average number of clients (per day):	_____	
6. Average number of supervisors (per day):	_____	
7. Percentage of mentally challenged clients:	_____ %	
8. Percentage of physically challenged clients:	_____ %	
9. Age range of clients:	_____	
10. Days of operation in a week:	_____	
11. Provide annual receipts for services:	_____	
12. Hours of operation:	_____	



	Yes	No
13. Describe all products and component parts produced by your organization:		
14. Are any products manufactured or sold under your name? If yes, please describe and provide amount of annual sales.	<input type="checkbox"/>	<input type="checkbox"/>
15. Describe all services performed by your organization for any clients:		
16. How are clients transported?		