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Roofing 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? _____

Maximum height of roofing? _____ ft.

Percentage of business by roofing usage:

Commercial: _____% Roofing Type: _____ What is the angle/pitch of the roof? _____

Residential: _____% Roofing Type: _____ What is the angle/pitch of the roof? _____

Industrial: _____% Roofing Type: _____ What is the angle/pitch of the roof? _____

Do you perform pre-fabrication in the shop? Yes No

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

What are you fabricating in the shop? _____

Do you use fall protection? Yes No

If Yes, what type? _____

Do you use a crane? Yes No

If Yes, what is the size of the crane? _____ The boom? _____

Is it operated by an employee? Yes No

If Yes, what are the employee's credentials? _____

What safety programs are in place? _____
