

Retail – BAKERY Operations



Business Name: _____ 1st year in business: _____

Website Address: _____

Description of Operations: _____

Hours of Operation: _____

Total # of Employees: _____ Employee breakdown: Full time _____ Part time _____ Seasonal _____ Leased/Contracted _____

Number of Locations? _____ If more than 1 location, then are employees shared between locations? Yes No

If this is a new business, provide a description of the owner's prior experience managing or owning this type of business (minimum of 2 years of experience required). _____

Operations

Percentage of Retail sales receipts? _____ Percentage of Wholesale receipts? _____

Are there any interns or volunteers used for operations? Yes No If yes, what dept.? _____

What is the maximum amount of weight moved manually by one person? _____

Safety

Are employees trained on safe lifting techniques? Yes No

Are stairs (interior & exterior) in good condition, well-lit and have handrails as required? Yes No N/A

PLEASE REPLY WITH A **YES** FOR ALL THAT APPLY OR SELECT **N/A** IN THE NOTED CATEGORY.

Warehouse Yes / N/A

Total number of employees: _____ Full time _____ Part time

Total number of forklifts? _____ Total number of powered pallet jacks? _____

Is the loading dock (check one): Enclosed Covered by a roof Exposed to outside elements

Are order pickers used? Yes No

If order pickers are used, then are full body fall protection harnesses used? Yes No N/A

Delivery Yes / N/A

Total number of drivers: _____ Full time _____ Part time

Number of company owned vehicles? _____ Box Trucks _____ Cargo Vans _____ Sedans _____ Other

Any owner/operator delivery trucks? Yes No If Yes, how many? _____

Are all drivers over 23 years old? Yes No

How often are MVR's for drivers pulled? Annual Semi-annual Quarterly Other

Wholesale Yes / N/A

How many company owned sales vehicles? _____

How many sales employees use their own vehicle for company travel? _____

Any unusual job tasks performed by employees that are outside the scope of work for your industry? Yes No

If yes, please list and give a brief explanation:

Name (of person completing the form) _____ Title _____

Signature _____