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## Metal Building Erection Questionnaire

*Check the service(s) you provide:*

Reference check for former employees \_\_\_\_\_  Yes  No

Pre-employment physical exam \_\_\_\_\_  Yes  No

Pre-employment drug & chemical screening \_\_\_\_\_  Yes  No

Drug testing- random or at the time of an accident \_\_\_\_\_  Yes  No

What training is provided for new hires? \_\_\_\_\_  
\_\_\_\_\_

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Height of buildings: \_\_\_\_\_ ft. What will the buildings be used for? \_\_\_\_\_  
\_\_\_\_\_

Do you erect structural steel beams?  Yes  No

If Yes, what is the % of the construction payroll? \_\_\_\_\_ %

Do you put up sheet metal walls?  Yes  No

If Yes, what is the % of the construction payroll? \_\_\_\_\_ %

Do you do any roofing?  Yes  No

If Yes, what is the % of the construction payroll? \_\_\_\_\_ %

What type of roof? \_\_\_\_\_ What is the angle/pitch of the roof? \_\_\_\_\_

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Do you perform pre-fabrication in shop?  Yes  No

If Yes, what is the % of the construction payroll? \_\_\_\_\_ %

What are you fabricating in shop? \_\_\_\_\_

Do you perform a tilt wall operation?  Yes  No

If Yes, what is the % of the construction payroll? \_\_\_\_\_ %

How many stories are the buildings involving tilt walls? \_\_\_\_\_

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? \_\_\_\_\_

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What safety programs are in place? \_\_\_\_\_

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