

GRAIN STORAGE SUPPLEMENTAL

APPLICANT'S INFORMATION

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PLEASE COMPLETE THIS APPLICATION FOR ALL GRAIN STORAGE FACILITIES

SECTION I – GENERAL INFORMATION

1. Are all interior dust-generating points equipped with dust control capable of keeping all horizontal area free of static dust?	Yes	No
2. Are all exterior legs, spouts, and distributors properly guyed or stanchioned?	Yes	No
3. Does the Applicant have grain storage in the open or at temporary locations?	Yes	No
4. Are all drivers unloading grain required to stay in a designated driver area?	Yes	No
Please explain all 'No' answers for questions 5-8 in comments section below.		
5. Is there a Bin Entry program in place, including maintaining written records?	Yes	No
6. Are all grains tested for toxins when received?	Yes	No
7. Are all outside access ladders inaccessible to unauthorized personnel?	Yes	No
8. Are there any Frame Elevators on premises?	Yes	No

If yes, list year built: _____

SECTION II - COMMENTS

Name (Print/Type)

Signature

Date