

PLAN OF OPERATION CHECKLIST

- ☐ A general narrative of the nature of the business and the general operations of the business.

The following information must be included:

- ☐ Total Number of Employees

Full Time _____

Part Time _____

Number of Manufacturing Industrial Employees _____

Number of Office Employees _____

Number of Employees on shift with greatest number of employees _____

- ☐ Number of Manufacturing Shifts _____

- ☐ Hours of Operation _____

- ☐ Hours of Deliveries _____

- ☐ Hours of Garbage Pick up _____

- ☐ Hazardous Products/Chemicals

Type _____

Location on property _____

- ☐ Outside Storage

Location _____

Type _____

- ☐ Fleet Vehicle Storage

Type _____

Quantity _____