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1.0 Purpose / Scope / Timing

The scope of this pre-qualification questionnaire is to obtain from your company a summary of EHS performance/injury & illness statistics, EHS programs, and related businesses practices.

It is strongly recommended that this questionnaire is completed by your company Safety Manager or designated EHS professional.

2.0 Procedure/ Process/ General Requirements

This questionnaire contains 2 sections and both are mandatory for direct material suppliers in SRG mandatory (Category 1) countries.

2.1 Section 1:

COMPANY PROFILE & BUSINESS PRACTICES

2.2 Section 2:

EHS PERFORMANCE, PROGRAMS & SERVICE

All questions must be answered and details provided when required. Incomplete responses or missing information will result in delay of the approval process or in disapproval of your submittals.

If a subsection or specific question is not applicable to your business, mark as “N/A” and provide related details when required.

Additional information or support documentation can be requested for verification based on the type of activity to be performed.

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3.0 Submittals

<u>QUESTIONNAIRE COMPLETED BY</u>	
Name:	Date:
Title/Position:	E-mail:
Contact Phone:	

<u>FOR IS USE ONLY</u>	
<i>Company Confidential</i>	
Approval Workflow Request n°:	
Supplier EHS Evaluation Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Approved with conditions (please indicate)	
Is on-site due diligence required per SRG Policy (falls under Category 1)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments/Conditions to Approval:	
Approved by:	Date:

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SECTION 1: COMPANY PROFILE & BUSINESS PRACTICES

***** All sections are MANDATORY for suppliers of direct material in SRG mandatory countries *****

1.1. SUPPLIER ADDRESS & CONTACTS	
Company Name:	.....
Company Address:	.....
City:	..... State:
Country:	..... Postal Code:
Does the company operate under a different name in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please indicate old company name:	.....
Company Contact:	..... Title/position:
Telephone Number:	..... FAX:
E-mail:	.....
EHS Manager/Contact:	..... Title/position
Telephone Number:	..... FAX:
E-mail:	.....
<i>Indicate the product(s) or service(s) provided by the Company:</i>	
.....	
.....	

1.2. FACILITY DETAILS & LABOR PROFILE	
Size of facility (sq. feet):	N° of buildings:
N° of years at this location:	
Distance (in meters) of facility/operation from schools, nursing homes, hospitals, residences or other sensitive uses	<input type="checkbox"/> < 100 m <input type="checkbox"/> > 100 m
Please indicate if your company provide housing to employees	<input type="checkbox"/> YES <input type="checkbox"/> NO
N° employees:	N° contractors/subcontractors:
Age of the youngest employee working at the site/project (indicate <u>age</u> only):	
Please indicate the normal daily worked hours:	<input type="checkbox"/> 8 hours <input type="checkbox"/> 12 hours Other:
N° of shifts per day:	% Employees per shift
<u>In case of single contractor:</u> please indicate if you'll be working from home and describe activities you'll be performing:	
.....	
.....	

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1.3. INSURANCE/WORKERS COMPENSATION	
Insurance Agent/Carrier:
Address:
Contact: Telephone Number:
Insurance Coverage:	.....
Workers Compensation Agent/Carrier:
Address:
Contact: Telephone Number:

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SECTION 2. EHS PERFORMANCE, PROGRAMS & SERVICES

2.1. ACCIDENT & INJURY INFORMATION				
2.1.1. Past three years Injury Rate: $\frac{(\text{injuries}) \times (200,000 \text{ hrs})}{\text{total hrs worked}}$	Year	Number of Injuries	Total hrs worked	
	201			
	201			
	201			
<i>Please detail type of injuries:</i>				
2.1.2. Past three years Lost Workday Case Rate (those injuries involving restricted work or days away from work) $\frac{(\text{lost workday cases}) \times (200,000 \text{ hrs})}{(\text{total hrs worked})}$	Year	Number of Lost Workday Cases	Total hrs worked	
	201			
	201			
	201			
<i>Please detail type of injuries:</i>				
2.1.3. During the last 5 years, has the company experienced any serious injuries resulting in death? <i>If "Yes", please provide further details (brief description, corrective action(s) taken).</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.1.4. During the last 5 years, has the company experienced any serious injuries requiring hospitalization for more than 24 hours? <i>If "Yes", please provide further details (brief description, corrective action(s) taken).</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.2. SUBCONTRACTORS (Sub-Tier Suppliers)				
If your Company will be using subcontractors for the scope of the IS job, you are required to answer these questions.				
2.2.1.	Does your company use or intend to use subcontractors? <i>If answer is YES, please indicate, if possible, which ones and what kind of services they provide on IS projects:</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2.2.2.	Is there a subcontractor prequalification process in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2.2.3.	Does your company review the environmental, health & safety systems of subcontractors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2.2.4.	Does your company verify that subcontractors meet EHS requirements? <i>If YES, please indicate how do you verify this information:</i> <input type="checkbox"/> survey <input type="checkbox"/> audits/inspections <input type="checkbox"/> documents verification	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
NOTES/COMMENTS/ADDITIONAL INFORMATION:				

4.0 Document Revisions and Approvals

Version	Section Modified and Revision Description	Date	Author
1.0	New Issue.	04/18/2017	Tibor Attila
2.0	Updated for IS Business	03/29/2018	Marlena Urbaczka

Title: Direct Material Supplier SRG Pre-Qualification Form
Reference: 8.4.3 IS SRC 0011
Revision: 2.0
Owner: IS Global Supplier Quality Management
Application Date: 07/27/2018
Expiration Date: -

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