



SUB-CONTRACTOR QUALIFICATION FORM

I. GENERAL INFORMATION

Prime Contractor Company Name: _____

Project Title: _____

Project Duration (length of time Sub-Supplier will be on site):

Start Date: _____ End Date: _____

II. SUB-CONTRACTOR INFORMATION (General)

1. Sub-Supplier Company Name: _____

Contact Name: _____ Title: _____

E-mail address: _____ Phone Number: _____

2. Type of work sub-supplier will perform at Pfizer: _____

III. SUB-CONTRACTOR INFORMATION (Safety)

Utilizing the OSHA 300 A Logs for the last three (3) years, record the number of injuries and illnesses as follows: (most recent year first) **Attach copy of OSHA 300A for the last three (3) years.**

Information obtained from OSHA 300A	Yr:	Yr:	Yr:	3-year Average:
a. Total hours worked by all employees				
b. Total number of deaths (G)				
c. Total number of cases with days away from work. (H)				
d. Total number of cases with job transfer or restriction. (I)				
e. Total number of other recordable cases.(J)				
f. Total recordable cases (b+c+d+e)				
Total Recordable Rate (TRR) = f (200000) /a				
Lost Work Day Rate (LWDR) = b+c+d (200000)/a				

Enter Sub-Supplier NAICS (formerly SIC) Code: _____

Use the BLS workplace injury/incident data table (2005), <http://www.bls.gov/iif/oshwc/osh/os/ostb1619.pdf> to enter the NAICS TRR and LWDR in the following table.



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Pfizer Criteria: Total Recordable Rate (TRR) Three-year average must be at or below industry average for NAICS Code.	TRR: NAICS TRR:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Pfizer Criteria: Lost Work Day Rate (LWDR) Three-year average must be at or below industry average for NAICS Code.	LWDR: NAICS LWDR:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Fill in Sub-Supplier's Worker's Compensation Experience Modification Rate (EMR) for the past three (3) years (most recent year first):				
	Yr:	Yr:	Yr:	3-year Average:
Worker's Compensation Experience Modification Rate (EMR)				
Pfizer Criteria: Experience Modification Rate (EMR) three-year average must be at or below 1.0.			<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

Has the Sub-Supplier received any OSHA, EPA, or other regulatory citations in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please attach a copy of the citation along with any pending citations.		
Pfizer Criteria: No Willful or Repeat Citations within the last three years.	# of Citations:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Does the Sub-Supplier have a written Environmental, Health & Safety Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Check each of the elements listed below that are included in the written program.			
<input type="checkbox"/> Hazard Communication (HAZCOM) <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Excavation and Trenching <input type="checkbox"/> Welding and Cutting/Hot Work <input type="checkbox"/> Energy Isolation (Lock-out / Tag-out)	<input type="checkbox"/> First Aid/CPR <input type="checkbox"/> Scaffold and Ladder Safety <input type="checkbox"/> Fall Protection <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> PPE	<input type="checkbox"/> Electrical Safety <input type="checkbox"/> Hazardous Materials	
<input type="checkbox"/> Others Please List:			
Pfizer Criteria: Safety program is in place and available for review.		Program Available? <input type="checkbox"/> Yes	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Does the Sub-Supplier have a Safety Officer responsible for compliance with environmental, health and safety regulations and requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pfizer Criteria: Safety Officer must be clearly designated.	Safety Officer Name/Position:	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL



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Does the Sub-Supplier have a Substance Abuse program that complies with the Pfizer policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pfizer Criteria: Substance Abuse Program established that complies with Pfizer policy.	Substance Abuse Policy? <input type="checkbox"/> Yes	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Does the Sub-Supplier have a Security/Criminal Background Check policy in place that complies with the Pfizer policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pfizer Criteria: Criminal Background check policy established that complies with Pfizer's policy.	Criminal Background Check Policy? <input type="checkbox"/> Yes	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

(For substance abuse policy and security background check policy, see requirements in Pfizer Kalamazoo Facilities Administrative Site Requirements and Practices for Contract Firms manual at the link:
<http://kalamazoocontractoradministration.pfizer.com/Administrative.htm>

- 12. Have you reviewed and put programs in place to comply with the Pfizer Kalamazoo Facilities Administrative Site Requirements and Practices for Contract Firms manual? Yes No
- 13. Does the Sub-Supplier provide safety training to all employees according to OSHA standards?
 Yes No
- 14. Are the Sub-Supplier's supervisors trained in: OSHA 10-hr course OSHA 30-hr course
- 15. Comment on any other areas of the Sub-Supplier's Environmental, Health and Safety program and policies: _____

IV. SUB-SUPPLIER CERTIFICATION

By the signature below, I, as an authorized representative of _____ (prime contractor) certify that _____ (proposed Sub-Supplier) has met the required safety criteria and has established programs, which meet the minimum requirements outlined in this form and in the Pfizer Global Manufacturing Kalamazoo Facilities Administrative Site Requirements and Practices for Contract Firms manual. In addition, the Sub-Supplier meets the Pfizer confidentiality/non-disclosure agreement as required.

This form must be signed by an officer of the firm or an individual so authorized by an officer of the firm.

Primary Supplier Representative: _____ Title: _____

Signature _____ Date _____