



PW Use Only	
Approval Status	
Approved	<input type="checkbox"/>
Conditional Approval	<input type="checkbox"/>
Denied	<input type="checkbox"/>
Level _____	
Reviewer _____	

Contractor EHS Qualification Form

Contractors - this form will be used to assess environmental, health and safety (EHS) past performance of contractors and subcontractors for entry onto the approved contractor list. Approval will be valid for three years from the date of approval unless unacceptable performance is unresolved.

All subcontractors are required to submit this form to perform work at Pratt & Whitney.

IMPORTANT: All fields are required. Incomplete forms will not be processed.

Please review this form for completeness, be sure that all questions are answered and all supporting documents are attached, then **print, sign and submit** to **PW Contractor Program Management** for approval. (See submittal instructions, page 5)

Please refer to the [instruction guidance document](#) for assistance in completing this form.

Contractor Level: (Please Check One) ***Required**

Level I Contractor Level II Contractor Level III Contractor

Qualification Type: (Please Check One) ***Required**

New Renewal

Section One - All Contractors

General Information

1. Company Name: _____
2. Mailing Address (street, city, state, zip): _____
3. Telephone Number w/Ext: _____ Fax Number: _____
4. Description of Services/Type of Business: _____
5. Email Address: _____
6. Your Company EHS Contact Person: _____
7. Pratt & Whitney Contact: **(REQUIRED)** _____
8. [NAICS](#) Code: _____

Section Two - Level II and Level III Contractors Only

1. What is the name of your Worker's Compensation carrier? _____
2. **Attach forms (Required)** from your carrier indicating you Experience Modification Rate (EMR) for the last 3 years and write in the rates for (enter two digit year beginning with previous two years and ending with most recent year)

i. Example 2009 2010 2011

Please provide the following information for each of the last three years (enter two digit year):

	Year 20	Year 20	Year 20
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Experience Modifier Rate (EMR)			
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3. EH&S Performance Metrics

i. Example 2009 2010 2011

Please provide the following information for each of the last three years (enter two digit year beginning with previous two years and ending with most recent year):

	Year 20	Year 20	Year 20
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3	What is the average number of employees in your company for each of the last three years			
4	How many work related incidents resulting in an employee missing a day of work due to an injury or illness?			
5	What is the total number of injuries recorded on your OSHA Log? (Enter N/A for non-US companies or companies with less than 10 employees)			

Attach OSHA 300A Summary for each year (Required)

Section Three - Level II and Level III Contractors Only

6. How many government/regulatory agency reportable chemical releases has your company been responsible for? _____
7. Did your company receive any government/regulatory agency citations in the past twelve months? Yes No
If yes, **attach summary information.**
8. Have your employees been trained, certified or licensed where necessary to perform tasks in a safe and environmentally sound manner following government/regulatory agency requirements per page two of this form? Yes No
9. Your company has written environmental and safety procedures for your employees to follow including the items checked above. Pratt & Whitney reserves the right to receive a copy of the most current version upon request. Yes No
10. Your company has a process to assess work site hazards prior to commencing work. Yes No

Section Four : Trades / Service Type
Level II and III Contractors only

Please select the primary service type that your company engages and will provide to PW.

Primary Service/ Company Type	Select
Abatement - Lead/Asbestos/PCBs/etc	<input type="checkbox"/>
Calibration	<input type="checkbox"/>
Carpentry-light (wood work, sheetrock, taping)	<input type="checkbox"/>
Construction- heavy	<input type="checkbox"/>
Consulting-Environmental/Safety	<input type="checkbox"/>
Consulting-Engineering/Design	<input type="checkbox"/>
Cleaning - Custodial	<input type="checkbox"/>
Cleaning - Industrial	<input type="checkbox"/>
Data/ Voice/ Telecommunications	<input type="checkbox"/>
Electrical over 600V	<input type="checkbox"/>
Electrical up to 600V	<input type="checkbox"/>
Delivery-packages, consumable liquids/foods	<input type="checkbox"/>
Delivery-chemicals, fuels, etc.	<input type="checkbox"/>
Excavation	<input type="checkbox"/>
Fencing	<input type="checkbox"/>
Flooring	<input type="checkbox"/>
Hazardous Waste	<input type="checkbox"/>
HVAC	<input type="checkbox"/>
Landscaping/Grounds Keeping	<input type="checkbox"/>
Machine Repair-industrial	<input type="checkbox"/>
Machine Repair-office equipment	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>
Material Handling-Industrial	<input type="checkbox"/>
Overhead Doors	<input type="checkbox"/>
OTHER: Specify below	<input type="checkbox"/>
Painting	<input type="checkbox"/>
Paving	<input type="checkbox"/>
Pipe Fitting	<input type="checkbox"/>
Rigging	<input type="checkbox"/>
Roofing	<input type="checkbox"/>
Sheet Metal	<input type="checkbox"/>
Transportation (trucking, hauling, etc.)	<input type="checkbox"/>
Transportation- passenger e.g., bus/van, etc.)	<input type="checkbox"/>
Welding, Cutting, Brazing	<input type="checkbox"/>
Other (please specify here)	

Section Five: Training

Training <i>check all applicable training that you and/or your employees have completed relative to the scope of work you will be performing at Pratt & Whitney</i>	check
Aerial Lifts	<input type="checkbox"/>
Blood borne pathogens	<input type="checkbox"/>
Compressed Gas Cylinders	<input type="checkbox"/>
Commercial Driver (DOT)	<input type="checkbox"/>
Confined Space Entry	<input type="checkbox"/>
Cranes and/or Hoisting Equip.	<input type="checkbox"/>
Electrical and Arc Flash Safety	<input type="checkbox"/>
Electrical High Voltage	<input type="checkbox"/>
Elevated Work (fall protection)	<input type="checkbox"/>
Hazardous Material Communication	<input type="checkbox"/>
Hazardous Material Transportation (DOT)	<input type="checkbox"/>
Hazardous Waste Operations	<input type="checkbox"/>
Hearing Conservation	<input type="checkbox"/>
Ladders	<input type="checkbox"/>
Lockout/Tagout	<input type="checkbox"/>
Machine Guarding	<input type="checkbox"/>
Motor Vehicle – Safe Driving	<input type="checkbox"/>
Personal Protective Equipment	<input type="checkbox"/>
Powered Industrial Trucks/ Vehicles (PIV)	<input type="checkbox"/>
Pre-job Hazard Assessment	<input type="checkbox"/>
Portable Tools	<input type="checkbox"/>
Respiratory Protection	<input type="checkbox"/>
Rigging/ millwright	<input type="checkbox"/>
Scaffolds	<input type="checkbox"/>
Trenching and Excavating	<input type="checkbox"/>
Waste Management	<input type="checkbox"/>
Welding, Cutting and Brazing	<input type="checkbox"/>

By signing below, I certify that the information provided herein is accurate to the best of my knowledge and understand that any inaccurate, false or misleading statements will subject this application to become null and void. Pratt & Whitney reserves the right to reject or decline any applications that are incomplete or represent inaccurate, false or misleading statements made by the applicant.

Applicant Name

Signature

Date

Submittal Instructions

Important:

Please review this form for completeness, be sure that:

- ✓ **All questions are answered**
- ✓ **Attach all required supporting documents**
- ✓ **Sign and then submit form**

Save and email, or Print and fax to:

Quinton Schand, fax: 860-557-9336 email: quinton.schand@pw.utc.com

For Pratt & Whitney Use Only

Review / Approvals

Management Exception Authorization

P&W Facility Manager and/or EH&S Site Manager Date

Comments:

Reviewed Yes No

Contractor Coordinator

Date

Comments:

Approved Denied

Assessor

Date

Comments:
