

CONTRACTOR EHS QUALIFICATION FORM

(TO BE FILLED IN BY CONTRACTOR'S REPRESENTATIVE)

(to be approved by EHS representative)

Approved:

YES

NO

Conditionally

Name/ last name of issuing person

Date

This form should be used in assessment of recent performance of products and service suppliers within EHS in order to include them in approved suppliers list. Such approval is valid for three years from the approval date unless supplier fails to follow EHS procedures which will result in invalidation of the approval of products and services supplier.

General information:

Company or name of supplier: _____

Address (street, city, zip code): _____

Contact person: _____

Telephone number, extension _____ facsimile no. _____

e-mail: _____

Description of provided services: _____

Information about employee's insurance:

Insurer: _____
(name of insurance company)

Employees' insurer: _____
(name of insurance company)

Employees' insurer: _____
(name of insurance company)

EHS:

Please provide information from last three years:	(enter two-digit year ending)		
	20__	20__	20__
What was the average number of employees in your Company?			
How many accidents caused absence from work due to sustained injury/ illness?			
How many effluents/ emission of chemical substances to environment which should be obligatory reported to proper inspection authorities is your Company responsible for?			
Was your Company sued by inspection authorities during recent 12 months? <i>If yes, please attach applicable documents.</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

EHS Contact Person:

Name and Last name : _____ telephone number: _____

Position: _____

Qualifications : _____

Employees were trained and received appropriate certificates or licenses for performance of tasks in a safe manner within:

<input type="checkbox"/> control of hazardous energy sources / labeling (Lockout/Tagout)	<input type="checkbox"/> entrance to confined space	<input type="checkbox"/> high voltage
<input type="checkbox"/> disposal/ handling of asbestos	<input type="checkbox"/> disposal/ handling of mercury compounds	<input type="checkbox"/> performance of fire hazard works
<input type="checkbox"/> work with overhead cranes, crane devices	<input type="checkbox"/> narrow/wide excavations	<input type="checkbox"/> works at height
<input type="checkbox"/> protection of respiratory system	<input type="checkbox"/> industrial vehicles	<input type="checkbox"/> works with combustion drives inside buildings
<input type="checkbox"/> reporting hazards	<input type="checkbox"/> chemical and hazardous substances	<input type="checkbox"/> evacuation in emergencies

Other: _____

Do you have written EHS procedures that must be followed by employees and do they account above issues?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have EHS management system which provides for identification and assessment of risk, threats connected with specific operations and do they address risk and provide for elimination of risk?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current assessment of risk at work stands?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you received any awards for EHS activity in last twelve months? <i>If yes, please specify:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
How often do you conduct audits/ inspections of your employees in order to ensure safety of work?	

Above information is true and compliant with my best knowledge and belief

Company Manager

Position

Date

Last name (in capital letters)

CONTRACTOR APPROVAL:	
(approved by EHS Department employee)	
_____ Signature of approving person	_____ Date
Comments:	

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