

Contractor EHS Qualification Form

Assesor (Name and surname)

Date

General Information:

Contractor Company or name: _____

Mailing Address (street, city, state, zip): _____

Contact Person: _____

Telephone number: _____

Email address: _____

Description of Services: _____

Contact person in trades' matter:

Name and surname: _____ Telephone number: _____

Position: _____

Health and Safety Coordinator (within the meaning of Art. 208 of the Labor Code) - representative of the Contractor:

Name and Surname: _____ Telephone number: _____

Title: _____

Qualifications: _____

Employees have been trained , certified or licensed where necessary to perform tasks in safe and environmentally responsible manner in the following areas:

<input type="checkbox"/> Control of dangerous energy sources / labeling (Lockout / Tagout)	<input type="checkbox"/> Confined space entry	<input type="checkbox"/> High Voltage
<input type="checkbox"/> Asbestos removal	<input type="checkbox"/> Lead Abatement	<input type="checkbox"/> Powered industrial vehicles

Nie zawiera danych technicznych podlegających kontroli eksportu.

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<input type="checkbox"/> Hazardous Waste Operations	<input type="checkbox"/> Hazard Communication	<input type="checkbox"/> Overhead Crane work
<input type="checkbox"/> Emergency Evacuation	<input type="checkbox"/> Trenching/ Excavation	<input type="checkbox"/> Works at height/ Fall protection
<input type="checkbox"/> Ladders/Scaffolds	<input type="checkbox"/> Respiratory Protection	Other:

Do you have written environmental and safety procedures for your employees to follow including the items checked above? ☐ YES ☐ NO

Does your company have a pre-work hazard assessment process? ☐ YES ☐ NO

Does your company audit/inspect your employees to ensure sound work practices ☐ YES ☐ NO

Do your employees have valid medical examinations and important EHS trainings for the entire period of work in Pratt and Whitney Rzeszów ☐ YES ☐ NO

Have the employees become acquainted with the risk assessment ☐ YES ☐ NO

The employees are obliged to:

- **Have valid EHS training,**
- **be familiarized with the risk assessment.**

The above information is true to the best of my knowledge and belief.

Management Name and surname

Signature

Position

Date

ONLY FOR PWR USE

(PWR coordinator approval)

Approved:

Yes ☐

NO ☐

Conditionally ☐

Comments:

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