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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worker’s Compensation Information**

Worker’s Compensation Carrier: \_\_\_\_\_\_\_

Experience Modifier Rate for the past three years: (enter two digit year):

20\_\_\_\_\_ rating \_\_\_\_\_ 20\_\_\_\_ rating \_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_ rating\_\_\_\_\_\_\_

I confirm that I have read the health and safety, environmental protection, and fire regulations. applicable in PWR for contractors "Requirements for the contractor": https://pwrze.com/en/supliers/ehs-requirements

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

|  |  |  |
| --- | --- | --- |
| Control of dangerous energy sources / labeling (Lockout / Tagout) | Confined space entry | High Voltage |
| Asbestos removal | Lead Abatement | Powered industrial vechicles |
| Hazardous Waste Operations | Hazard Communication | Overhead Crane work |
| Emergency Evacuation | Trenching/ Excavation | Works at height/ Fall protection |
| Ladders/Scaffolds | 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:  ………………………………………………………………………………………... |