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: ………………………………………………………………………………………... |