**Qualification EHS Questionnaire**

**Issue Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Expiration Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

*The following questionnaire requires completion by the contractor. Please provide an answer to all questions that apply, if you cannot answer a question you may be asked to explain why. A no answer does not necessarily disqualify a contractor from performing work at ATI Forged Products. This form will be kept on file and will be classified as Confidential.*

|  |  |
| --- | --- |
| A. GENERAL NFORMATION | |
| 1. Company Name: |  |
| Street Address: |  |
| Mailing address: |  |
| Phone: |  |
| Fax: |  |
| 1. Contractor Contact: |  |
| 1. Year Company was established? |  |
| 1. Insurance Carrier (s): |  |
| Company / Contact Person: |  |
| Type of Coverage: |  |
| Telephone: |  |
| Provide a copy of Certificate of Liability Insurance |  |
| 1. EHS Questionnaire: |  |
| Completed by (Contractor Representative): |  |
| Name/Title: |  |
| Signature: |  |
| Date | Click here to enter a date. |
| Verified by (ATI Forged Products Personnel): |  |
| Name/Title: |  |
| Phone / Fax: |  |
| Signature: |  |
| Date: | Click here to enter a date. |
| 1. Describe Services Performed: |  |
| 1. OSHA 300 Log:   Provide a copy of the log for 3 previous years | If logs are not provided, please explain why: |
| 1. Have you received any regulatory (EPA, OSHA) citations in the last 3 years:   (If yes, please attach copies) | **YES / NO**  Choose an item. |
| 1. Do you have a EHS program that includes the following: | **YES / NO** |
| 1. Accountability & responsibility for managers, supervisors & employees | Choose an item. |
| 1. Resources for meeting EHS requirements: | Choose an item. |
| 1. Company provided personal protective equipment? | Choose an item. |
| 1. Equipment Lockout/Tagout procedures: | Choose an item. |
| 1. Confined Space Entry procedures: | Choose an item. |
| 1. Fall Protection procedures: | Choose an item. |
| 1. Compressed Gas Cylinders procedures: | Choose an item. |
| 1. Electrical Equipment Grounding procedures: | Choose an item. |
| 1. Powered Industrial Vehicles training & certifications include: Mobile Cranes, Forklift, etc. | Choose an item. |
| 1. Hot Work Permit Procedures: | Choose an item. |
| 1. Emergency Preparedness including evacuation: | Choose an item. |
| l. Asbestos Awareness | Choose an item. |
| 1. Do you have written program for the following: | **YES / NO** |
| 1. Hearing Conservation |  |
| * Baseline audiograms | Choose an item. |
| * Annual audiograms | Choose an item. |
| 1. Respiratory Protection | Choose an item. |
| 1. Hazard Communication | Choose an item. |
| 1. Bloodborne Pathogens | Choose an item. |
| 1. Hot Work Permits & Procedures | Choose an item. |
| 1. Do you have a substance abuse program, if yes does it include: |  |
| 1. Pre-placement testing | Choose an item. |
| 1. Random Testing | Choose an item. |
| 1. Testing for cause | Choose an item. |
| 1. Post accident testing | Choose an item. |
| 1. Does your employee read, write & understand English such that they can perform their job tasks without an interpreter: | Choose an item. |
| 1. Do you have a corrective action process for addressing individual EHS deficiencies? | Choose an item. |

Revision History

| **REVISION** | **DATE** | **SUMMARY** |
| --- | --- | --- |
| 1 | 7/22/16 | Updated to a shared form. Updated Title. Changed Ladish Forging to ATI Forged Products. Number 4 in table add “Provide a copy of Certificate of Liability Insurance”. Section 5 & 9 -updated. |
| 2 | 4/6/17 | Annual review. No changes. |