New ATI Contractor,

Complete and return the below “2022 Contractor Evaluation Form” and all applicable required documents to the ATI Contractor Program email address below.

Submit this completed Evaluation Form and documents to

ATIContractor.Program@ATIMaterials.com

**Your immediate attention to this request prevents future delays.**

Direct any questions to our ATI Contractor Program Desk at 541 926-4211, x6107.

***Please confirm that the following documentation is included in your evaluation: (See the attached supplemental for definitions of contractor levels “A” and “B”)***

|  |  |  |
| --- | --- | --- |
| **Required Documentation:** | **Yes** | **No** |
| A copy of your company’s last 3 years of OSHA 300A logs. ***(Submit even if there was not a recordable)******(Not applicable if your company has less than 10 employees)*** |[x] [ ]
| Verification of CSTOP Completion for current employees*(Provide a copy of the CSTOP card or completion certificate)**(Not required for “B” Level Contractors)* |[x] [ ]
| Company Drug/Alcohol Policy |[x] [ ]
| Contractor Training Matrix |[x] [ ]
| Certificate of Liability Insurance (COI) |[x] [ ]
| ATI Supplier Onboarding Form & W-9***(New Contractors ONLY)*** |[x] [ ]
| ATI Service Agreement ***(New Contractors ONLY)*** |[ ] [x]

**2022 NEW CONTRACTOR EVALUATION FORM**

**INSTRUCTIONS TO CONTRACTOR:**

Please complete this form in its entirety. All blanks must be filled in. If information is not

available or does not apply, please indicate why.

**GENERAL INFORMATION:**

Date:

Contractor’s Name & Address:

 Phone:

 Email:

 Contractor’s License #: Exp. Date:

 If none is required or applicable, explain:

What is the primary type of work performed by your company?

ATI Contractor Level *(See Definitions*): Level **“A”** [ ]  Level **“B”** [ ]

 Do you expect to utilize sub-contractors in the course of doing business with ATI?

 “Yes” [ ]  “No” [ ]

 If yes, what type of work will be sub-contracted and who is expected subcontractor?

# *\*NOTE: It is the primary contractor’s responsibility to ensure that any sub-contractors which they intend to use at ATI, complete the same approval process required of them.*

# *NO SUB-CONTRACTORS ARE TO BE ASKED TO BID ON OR PERFORM ONSITE WORK UNLESS THEY ARE CURRENTLY LISTED ON OUR “APPROVED CONTRACTOR’S LISTING”, OR HAVE THE PRIOR APPROVAL OF PLANT ENGINEERING*

**STATISTICS:**

**PLEASE COMPLETE THE FOLLOWING FOR THE DIVISION NAMED ABOVE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DESCRIPTION** | **2019** | **2020** | **2021** |
| **A** | Total Number of Employee Hours Worked |  |  |  |
| **B** | Number of fatalities (Box ‘G’ of your OSHA 300 or OSHA 300A Log) |  |  |  |
| **C** | Number of cases resulting in lost workdays with days away from work (Box ‘H’) |  |  |  |
| **D** | Number of Recordables (Box ‘M”) Total 1-6 |  |  |  |
| **E** | Total OSHA Recordable Incident Rate (RIR) (see Note #1) Include copy of your OSHA 300A log, **ONLY** |  |  |  |
| **F** | Worker’s Compensation EMR (Experience Modification Rate – see Note #2) |  |  |  |
| **G** | Number of regulatory citations (See Note #3) |  |  |  |
| **H** | Total amount of fines incurred |  |  |  |

Note #1 – the OSHA Recordable Incident Rate (RIR) is arrived at by taking the information from the previous year’s OSHA 300A log.

Total listed in Box ‘M’ (Item 1-6) x 200,000 = TRR Number of Employee Hours

Note #2 – Available through your Worker’s Compensation Carrier

Note #3 – If you have indicated receiving regulatory citations in row ‘G” within the past 3 years, explain the nature of each incident as listed on the citation statement.

Who is your Safety Committee Chairman as required under OAR 437-01-765?

Safety Committee Chairman Email address:

Do you have a drug testing policy? “Yes” [ ]  “No” [ ]

If “Yes”, please include a copy of your policy with your return mailing.

For **Level “A”** contractors, do badged employees have current CSTOP certificates?

 “Yes” [ ]  “No” [ ]

**CONTRACTOR REGULATORY COMPLIANCE PROGRAM: YES NO**

1. Do you have a written safety program that complies with OSHA’s

29 CFR 1926.21? [ ]  [ ]

1. Do you conduct and maintain attendance records of

“NEW EMPLOYEE ORIENTATION PROGRAM”? [ ]  [ ]

1. Do you conduct and record attendance of the following OSHA

 required training for employees? [ ]  [ ]

* Employees Right-to-Know (Haz-Com); FED.1910.1200.1926.59 [ ]  [ ]
* Safety Training and Education: FED.1926.21 [ ]  [ ]

* Asbestos Standard: FED.1910.1001 [ ]  [ ]

* Respiratory Protection: FED.1910.123; 1926.103 [ ]  [ ]

* Fire Watches; FED.1910.252 [ ]  [ ]

* Lockout/Tagout; FED.1910.147 [ ]  [ ]

* Confined Space Entry; FED.1910.146; 1926.21 [ ]  [ ]

* Portable Fire Extinguishers; FED.1910.157, 1926.150 [ ]  [ ]

* Haz-Mat Awareness Level; FED.1910.120 [ ]  [ ]

* Occupational Noise Exposure; FED.1910.95 [ ]  [ ]

* Benzene Standard; FED.1910.1028 [ ]  [ ]

* Ladder Safety; FED.1910.25 [ ]  [ ]

* Electrical Safety; FED.1910.133-135 [ ]  [ ]
* Ladder Safety; FED.1910.25 [ ]  [ ]

* Trenching/Shoring;FED.1910.650-652 [ ]  [ ]

* Scaffolding; FED.1910.28; 1926.451 [ ]  [ ]

* First Aid/Medical Care; FED.1926.50 [ ]  [ ]

* Fall Protection; FED.126 Subpart ‘M’ [ ]  [ ]

**PERSON CERTIFYING THE INFORMATION ON THIS EVALUATION FORM:**

 Name:

Title:

Signature:

Date:

Telephone:

**MAIN CONTACT AND/OR OWNER OF COMPANY:**

 Name:

Title:

Telephone:

**YOUR ATI CONTACT/SPONSOR:**

 Name:

Title:

Telephone:

Department: