

SUPPLIER QUALIFICATION

ENVIRONMENTAL, HEALTH, & SAFETY (EHS) SURVEY

A. COMPANY IDENTIFICATION

Legal Name: _____

Company Address: _____ City: _____

State / Prov: _____ Country: _____ ZIP / Postal Code: _____

B. OCCUPATIONAL HEALTH & SAFETY INFORMATION

Overall Safety Program

1. Does your company have a safety program? ☐ Yes ☐ No
- If yes: please provide** a copy of your company written safety program's table of contents or comparable document demonstrating an active program exists.
2. How often do you conduct job site safety inspections and/or safety meetings? ☐ Daily ☐ Weekly ☐ Monthly ☐ None
3. Does your company have a dedicated, qualified EHS person leading your safety program? **If yes:** provide contact information below ☐ Yes ☐ No

Name: _____ Title: _____

Phone Number: _____ Email: _____

Incident Statistics: using the last 3 years of data, please fill in the following:

Year	_____	_____	_____
Number of Recordable Cases (where required by law – i.e., US OSHA)	_____	_____	_____
US Suppliers Only: OSHA Incident Rate	_____	_____	_____
Canadian Suppliers Only: Worker's Compensation Rate (per \$100 assessable payroll)	_____	_____	_____
Number of Work-Related Fatalities	_____	_____	_____

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C. ENVIRONMENTAL INFORMATION

1. Describe your company's environmental program:

2. Please mark all of the below that are applicable to your environmental program. Also, provide permit identification as applicable.

<input type="checkbox"/> Hazardous / Non-Hazardous Waste	ID#:	<hr/>
<input type="checkbox"/> Air Emissions	Permit ID#:	<hr/>
<input type="checkbox"/> NPDES or Industrial Discharge	Permit ID#:	<hr/>
<input type="checkbox"/> Stormwater	Permit ID#:	<hr/>
<input type="checkbox"/> Other	Permit ID#:	<hr/>

D. EHS MANAGEMENT SYSTEM

1. Does your company have any EHS certifications or externally recognized EHS management systems in place? **Please provide copies of certificates**

<input type="checkbox"/> ISO 14001
<input type="checkbox"/> ISO 45001
<input type="checkbox"/> Other If yes: provide list in comments

Comments

2. Does your company have an EHS prequalification procedure for subcontractors?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Within the last 3 years: has your company been involved in any lawsuits, notices of violation, or citations for alleged environmental, health, or safety non-compliance issues?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes: please explain:

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Date: _____ Signature: _____

Quality approval: Lance Humphreys