

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**

Comments

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

2. Does your company have an EHS prequalification procedure for subcontractors? Yes No

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? Yes No

If yes: please explain:

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E. SUPPLIER CERTIFICATION OF EHS SURVEY

Company Representative

Name: _____ Title: _____

Phone Number: _____ Email: _____

Certification

By signing below, I hereby certify that (a) the information provided in this form is complete, true, and correct, to the best of my knowledge; and (b) I hereby represent and warrant that I am duly authorized to execute this Certification on behalf of Supplier.

Date: _____ Signature: _____

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