

Instructions for Completing the Contractor EH&S Qualification Form
IMPORTANT: All form fields are required. Incomplete forms will not be processed.

Contractor Applicants - Applicants that do not provide all the necessary information and documentation will not be granted qualification to perform services for Pratt & Whitney.

Where to Send Completed forms:

The completed Contractor EH&S Qualification form should be emailed to the PW Contractor Program contact, Barbara Doviak, at barbara.doviak@pw.utc.com or faxed to (860) 622-3548.

Guidance to Contractor Level Selection:

To determine the appropriate contractor level please answer the following questions:

In the normal or expected course of your company's (or individual) work activities at Pratt & Whitney:

1. Do you, or will you, perform work in hazardous environments, utilize power tools or perform trades related activities, e.g., Plumbing, Rigging, Carpentry, Mechanical, Paving, Roofing, Sheet Metal, Painting, demolition, electrical work/LOTO/access electrical components, confined space, elevated work (above 6 feet) / work on roofs, hot work, and/or are engaged in activities that involve potentially hazardous chemicals or energy sources etc.?
Yes No If yes, **Level III**

2. Do you, or will you, perform work light service work in the office environment using (non-powered) hand tools, e.g., service 110 volt office equipment (printers, copiers, fax machines, etc), or material handling/delivery of non-hazardous materials, or perform **any** work activities within the manufacturing areas?
Yes No If yes, **Level II**

3. Do you, or will you, perform work administrative functions only in office work areas, (e.g., data entry, computer work, design, administrative tasks/functions, clerical, etc)?
Yes No If yes, **Level I**

(Please Check One)

Level I Contractor **Level II Contractor** **Level III Contractor**

Section One - General Information (All Contractors Must Complete this section)

1. Company Name: **[Provide full name of company]**

2. Mailing Address (street, city, state, zip):

3. Telephone Number w/Ext: Fax Number:

4. Your Email Address: **[provide primary business contact email address so that we may contact you with questions or provide updates applicable to your business]**

5. Description of Services/Type of Business: **[Provide a full description of the services your business will provide to Pratt & Whitney and the type of business entity. It is very important that you provide as much detail as possible to ascertain the services that your organization intends to provide to PW so that we may categorize your company properly. Lack of detail will delay the approval process.]**

6. Your Company EHS Contact Person: **[provide the name of your company's EH&S representative/professional]**

7. Pratt & Whitney Contact: [**please provide the PW Contact/contractor coordinator for whom you work with at Pratt & Whitney. Applications will not be processed unless a proper PW contact is identified.**]

8. NAICS Code: (Enter the NAICS code according to The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy). <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>

Section Two - Worker's Compensation Information (Level II and Level III Contractors Only)

Question 1

What is the name of your Worker's Compensation carrier? [Provide the full name of your company's worker's compensation insurance company (agency) /underwriter]

Question 2

You must **Attach forms** from your carrier indicating your **Experience Modification Rate (EMR)** for the last 3 years and enter two digit year. [Enter the years in ascending order e.g., the previous two years with the most recent year last (For example: 2010, 2011, 2012)

Enter **Experience Modification Rate** EMR for each respective year

Question 3

Enter in the space the **average number** of employees for each corresponding year.

Question 4

Enter in the space the number of work related incidents that resulted in an employee missing a day of work due to an occupational injury or illness (e.g., Lost Time) for each corresponding year. This data should be available on the OSHA 300 log for your company.

Question 5

Enter in the space the total number of work related injuries recorded on your OSHA 300 logs for each corresponding year. This data should be available on the OSHA 300 log for your company. Total injuries include all OSHA recordable and lost time cases for the year. If you are a non-US company or companies with less than 10 employees, enter N/A. (You should attach a copy of the OSHA 300 logs for the corresponding years.)

Question 6

Enter the number of government/regulatory agency reportable chemical releases that your company, as determined by the governing agency, was responsible for.

Question 7

Please indicate if your company has received any government/regulatory agency citations (e.g., violations) in the past twelve (12) months. If so, you must **attach** summary documentation.

Question 8

Please indicate whether your company's employees have received training, hold certification or licensure, or equivalent, that meets the government/regulatory agency requirements for the work activities performed.

Question 9

Please indicate whether your company's has environmental and safety procedures or equivalent that your employees follow in the performance of their work activities, (i.e., LOTO, Fall Protection, etc.), that meets the government/regulatory agency requirements for the work activities performed. Pratt & Whitney reserves the right to request and receive a copy of the most current version(s).

Question 10

Please indicate whether your company's has a process to evaluate job site hazards and risks (i.e., JHA, JSA, etc.) that your employees follow in the performance of their work activities that will identify and mitigate hazards associated with the work activities performed.