

ESH Contractor Qualification Form

(to be filled in by Supplier's representative)

(to be approved by ESH representative)

Approved:

Yes

No

Conditionally

Name of the issuer Date

This form should be used to evaluate the current conduct within the environment, health and safety (ESH) of suppliers of goods and services in order to be included in the list of approved suppliers. Such approval is valid for three years from the date of approval, unless they do not comply with ESH rules, which will invalidate their approval as suppliers of goods and services.

General information:

Company or supplier name: _____

Address (street, city, postal code): _____

Contact person: _____

Telephone number, ext. number _____ fax number _____

E-mail: _____

Description of services provided: _____

Employee insurance information:

Employee insurer: _____
(insurance company name)

Employee insurer: _____
(insurance company name)

Employee insurer: _____
(insurance company name)

Environmental protection and occupational health and safety

| Please provide the following information for the last three years: | (enter a two-digit year-end) | | |
|--|------------------------------|-----------------------------|------|
| | 20__ | 20__ | 20__ |
| What was the average number of employees in your company? | | | |
| How many accidents at work were the cause of absence from work due to injury/disease? | | | |
| How much chemical spills/emissions to the environment that must be reported to the relevant government or regulatory agencies is your company accountable for? | | | |
| Has your company been sued by government or regulatory agencies in the last twelve months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <i>If so, attach the relevant documents.</i> | | | |

Contact person for environmental protection and occupational health and safety:

Name: _____ Telephone number: _____

Position: _____

Qualifications: _____

Information on the current certificates, qualifications of employees, related to the delivery of goods and services (tick the relevant boxes):

| | | |
|---|---|---|
| <input type="checkbox"/> Control of hazardous energy sources (Lockout/Tagout) | <input type="checkbox"/> Entry into confined spaces | <input type="checkbox"/> Low and medium voltage |
| <input type="checkbox"/> Asbestos disposal/handling | <input type="checkbox"/> Lead compounds disposal/handling | <input type="checkbox"/> Hot work |
| <input type="checkbox"/> Working with overhead cranes, hoisting equipment | <input type="checkbox"/> Narrow/wide excavations | <input type="checkbox"/> Work at height |
| <input type="checkbox"/> Respiratory protection | <input type="checkbox"/> Powered Industrial Vehicles | <input type="checkbox"/> Work with combustion engines indoors |
| <input type="checkbox"/> Hazard communication | <input type="checkbox"/> Chemicals and hazardous substances | <input type="checkbox"/> Emergency evacuation |
| Other: | | |

Information on procedures in place, management systems, risk assessments carried out, awards received, audits carried out (tick the relevant box):

| | |
|---|--|
| Do you have written environment, health and safety procedures that employees must follow and do these procedures take into account the issues mentioned above? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your company have an environment, health and safety management system that allows to identify and assess the risks, hazards associated with the performance of the activities and then address the risk and its elimination? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your company have a current risk assessment for the work stations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your company received any environment, health and safety awards in the last twelve months? <i>If so, what were the awards?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How often does your company conduct audits/inspections of your employees to ensure safe work? | |

By signing this form, the supplier confirms the veracity, validity and completeness of the information contained herein and certifies that the personnel performing activities at the premises of PZL Mielec have and will have all legal authorizations, certificates and will be properly trained in the scope of the activities performed:

Signature of supplier's representative

Position

Date

Any additional information on supplier documents including health and safety requirements is available at <http://www.pzlmielec.pl/dokumenty-dla-dostawcow/>

With regard to the protection of personal data provided in the form, all information is included in the privacy policy available on the website <http://www.pzlmielec.pl/polityka-prywatnosci>

CONTRACTOR APPROVAL:

(to be approved by ESH Office employee)

Signature of the approver

Date

Comments: