



PURCHASING
Contractor Qualification Questionnaire/Survey

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The Koppers Responsible Care policy requires all Koppers employees to consider the "impact" of our actions on the safety and health of people and on the environment. All of our business decisions are guided by this policy. As an RC14001 compliant company Koppers has specific safety, health, environmental and security (SHES) expectations of all contractors. **Koppers Responsible Care Policy** is the commitment to: **Compliance** with all applicable safety, health, environmental and security laws, regulations, and other requirements to which Koppers subscribes; **Pollution Prevention** in order to preserve the environment for the health, productivity and enjoyment of future generations; **Protection of People** through the management of product, process and other safety risks; **Continuous Improvement** of our safety, health, environmental and security systems and performance; and **Communication** regarding our business operations and potential risks, both internally and externally to promote openness with our stakeholders.

To qualify to perform on-site work, Koppers contractors must provide the following information and agree to obtain the following information from all subcontractors utilized and provide it upon request.

Company Name: _____ Date: _____

Contractor Qualification on File Yes No

Contractor Representative: _____ Phone: _____

Statement of Work (SOW) Brief Description of Tasks and Associated SH&E Implications.

Check all Project Specific Aspects which apply from the list below:

ENVIRONMENTAL ASPECTS	SAFETY ASPECTS	TRAINING	
Air Pollutant Emissions <input type="checkbox"/>	Fire/Explosion <input type="checkbox"/>	Pinch Points <input type="checkbox"/>	Asbestos Abatement <input type="checkbox"/>
Environmental Noise/Light Pollution <input type="checkbox"/>	Hazardous Energy (L.O.T.O.) <input type="checkbox"/>	Radiation Exposure <input type="checkbox"/>	Confined Space <input type="checkbox"/>
Potential Spill/Release <input type="checkbox"/>	Manual Material Handling <input type="checkbox"/>	Sharp Object Exposure <input type="checkbox"/>	Hazwoper <input type="checkbox"/>
Waste Generation <input type="checkbox"/>	Noise Exposure <input type="checkbox"/>	Struck by Vehicles or Equipment <input type="checkbox"/>	Welding <input type="checkbox"/>
Waste Water/Storm Water <input type="checkbox"/>	Personnel Exposure: Skin <input type="checkbox"/>	Trip/Slip/Fall Conditions <input type="checkbox"/>	
	Personnel Exposure: Heat Stress/Hypothermia <input type="checkbox"/>	Use of Reactive Chemical <input type="checkbox"/>	
	Personnel Exposure: Ingestion <input type="checkbox"/>	Working at Heights <input type="checkbox"/>	
	Personnel Exposure: Inhalation <input type="checkbox"/>		

Emergency Contact/Safety Coordinator: _____ Phone: _____

1. List any chemicals or equipment to be used on-site (attach applicable SDS) _____
2. List any additional SHE aspects pertaining to this work that we did not include above. _____

All information contained in and supplied with this document is true and correct. I also understand that Koppers personnel have the right to verify, inspect/audit our activities and those of our Suppliers/Contractors with regards to our on-site activities. I further understand that activities pertaining to service and/or maintenance contracts may require submission of this form on an annual basis. The facility representative should be contacted to make this determination.

Signature of Contractor's Representative _____ Date: _____
Company Name _____

Commercial Qualification:

1. Have you done business with Koppers in the past? Yes No
 - a. If so, which locations _____
2. What description below best describes your business:
 Electrical Trackwork Other _____
 Piping Concrete
 Insulation General Construction
3. All work for Koppers will be based on the Terms and Conditions listed at <http://www.koppers.com/pages/doing-business-with-koppers>. Please check here if you agree to these Terms and Conditions.
4. Please check here that you agree with Koppers payment terms of net 60 days.
5. Do you have any registered minority status? Yes No
 - a. Type _____
 - b. Date of expiration on your certification _____
6. Are you RC14001 certified and have you implemented comparable management system qualifications? Yes No
List Qualifications: _____

If RC14001 or comparable management system, you do NOT have to complete the remainder of the form

7. In the table below, provide the three most recent full years of history for the area or region to which this questionnaire applies.

ITEM	DESCRIPTION	20__	20__	20__	3-Year Avg.
A	Interstate Experience Modification Rate (EMR)				
B	Total Recordable Incident Rate				
C	Days Away Incident Rate				
Using the OSHA #300 logs from the facility providing labor, please document the following:					
D	Number of Injuries and Illnesses				
E	Number of Lost Workday Cases				
F	Number of Injury Related Fatalities				
G	Total Number of Employees				
H	Employee Hours Worked Per Year (If unknown use # employees x 2080)				

***(B) Rate = D x 200,000 / H**

***(C) Rate = E x 200,000 / H**

8. If statistics are blank or zero in above chart please explain why?

9. Has your company experienced any work-related fatalities in the last three years? Yes No

If yes, describe circumstances and corrective measures taken:

10. Has your company experienced any OSHA, EPA (federal or state) or DOT violations in last three years? Yes No

If yes, describe and detail corrective measures taken:

GENERAL

11. Does your company have a written safety and health program? Yes No

12. Does your company have a written Hazard Communication Program? Yes No

13. Does your company use subcontractors? Yes No

If yes, do you qualify subcontractors based on their ability to address SHE requirements? Yes No

a. Do you verify the meet regulatory requirements? Yes No

b. Do you have a formal contractor safety program? Yes No

14. Are all documents pertaining to this questionnaire available for auditing? Yes No

If No, please explain: _____

15. Indicate the circumstances in which your company's employees may be subject to substance abuse screening.

- Employment
 Probable Cause
 Periodic
 Random
 Post-Accident
 Other _____

16. Does your company have a policy requiring written accidents / incidents reports? Yes No

17. Does your company conduct jobsite safety inspections? Yes No

TRAINING AND LICENSES

18. Please list any applicable licenses you hold and in what particular state(s). Attach sheet if necessary

19. Please respond to the following items with "Yes, No, or NA".

Programs/Training	Reference Source	Program is documented and written Yes/No/NA	Frequency of training for individual employees	Individual employee training documented Yes/No/NA
Asbestos Abatement	OSHA 29 CFR 1926-1101			
Confined Space Entry	OSHA 29 CFR 1910.146(g)			
Cranes	OSHA 29 CFR 1926.1400			
Electric Power Gen, Tran, Dist.	OSHA CFR 29 1910.269			
Electrical Safety	OSHA 29 CFR 126.400			
Emergency Action Plan	OSHA 29 CFR 126.35			
Excavations	OSHA 29 CFR 1926.651			
Fall Protection	OSHA 29 CFR 1926.500			
First Aid/CPR	OSHA 29 CFR 1926.23			
Forklifts	OSHA 29 CFR 1910.178(1)			
Hazard Communication	OSHA 29 CFR 1910.1200(h)			
HAZWOPER	OSHA 20 CFR 1926.65			
Hearing Protection	OSHA 29 CFR 1926.101			
Fire Protection & Prevention	OSHA 29 CFR 1926.150			
Lockout/Tagout	OSHA 29 CFR 1910.147 (c)(7)			
Personal Protective Equipment	OSHA 29 CFR 1926.95			
Respiratory Protection	OSHA 29 CFR 1926.103			
Welding and Burning	OSHA 29 CFR 1926.350			
Scaffolding	OSHA 29 CFR 1926.451			

Please send this completed form to: _____ Fax: _____

Email: _____

Koppers Use Only

Reviewed by: _____ Date: _____

- Approve
 Reject
 Conditional Approval

Justification for Conditional/Reject:

If Conditional Approval, please list next steps:

Revision Number	Date	Summary of Changes
2	5/15/2018	Removed Current Insurance Information Added: If statistics are blank or zero in above chart please explain why? Added this checkbox
3	8/3/2018	Add section for next steps for conditionally qualified contractors.

