PRAXAIR

Cells that are highlighted in yellow must be completed. The form is not complete if there are any highlighted cells

Return the completed questionnaire to: Name / E-mail / Fax

Praxair, Inc. PO Box 44, Tonawanda, NY 14151

COMMERCIAL SUPPLIER QUESTIONNAIRE

Section 1 -- Supplier Master Record

1.0 Identification

1.a Company Name

Division _____ Subsidiary of _____

Home Office Street Address

City _____ State _____ Zip _____

Telephone No. _____ Key Contact _____

Fax No. _____ E-mail _____

Payment/Remit to Address

Address _____ City _____

State _____ Zip _____ Telephone _____ Fax _____

1.b SIC Classification: _____ DUNS#: _____

(DUNS # not req'd for sole proprietor, it can be obtained free of charge via Web address http://fedgov.dnb.com\webform)

1.c For Electronic Funds Transfer Use: Bank's Country:

Bank Name _____ Checking or Savings Account _____

Bank Transit Number (ABA#) _____ Account Number _____

Currency _____

Bank Address _____ (Suppliers located outside the U.S.A.)

IBAN _____ BIC/SWIFT Code Reference/Roll# _____

1.d Person/Corporation Substitute Form W-9 - (Check appropriate box). (USA suppliers only)

☐ **P** Individual/Sole Proprietor ☐ **C** Corporate Entity ☐ Foreign USA Supplier

☐ **N** Non-Corporate Entity/Partnership ☐ **L** LLC ☐ Other

Federal Employer Identification Number (EIN): _____ **or** Social Security # _____

Certification: Under penalties of perjury, I certify that:

1. The above listed Federal Tax Identification (EIN) or Social Security Number is correct.
2. I am not subject to backup withholding due to failure to report interest and dividend income. NOTE: Cross out item 2 if you are subject to backup withholding as a result of a failure to report interest and dividend income.
3. I am a United States citizen (including a United States resident alien).

☐ Name of U.S. citizen or resident alien: _____ Date: _____

IF YOU ARE A USA SUPPLIER AND FAIL TO SUBMIT A PROPERLY COMPLETED FORM W-9 YOU MAY BE SUBJECT TO BACKUP WITHHOLDING TAX. PRINT, SIGN AND ATTCH YOUR W-9 FORM TOGETHER WITH THIS QUALIFICATION. (NOTE: THE FOLLOWING LINK WILL TAKE YOU TO THE IRS WEB PAGE: http://www.irs.gov/

☐

If you are a Non USA Supplier and you will be performing any service under this contract in the United States or if Praxair will be paying you either rents, fees, royalties or other payment for use of your asset (tangible or intangible) in the United States, Please submit via mail to Praxair (175 East Park Drive, Tonawanda, NY 14150 Attn: Procurement) the application IRS Form W-8BEN or Form 8233. (This link will take you to the IRS web page:http://www.irs.gov/) or else mail to us the application IRS form W-8BEN. On the W-8BEN form complete only Part I (Identification of Beneficial Owner) and Part IV (Certification)

1.e Additional Government Classifications - (Check appropriate box or boxes) (USA Suppliers only)

☐ None of the following/Not A Small Business Concern

☐ Small Business Concern

☐ HubZone Small Business Concern

☐ Service-Disabled Veteran-Owned Small Business Concern

☐ Small Disadvantaged Business Concern

☐ Woman-Owned Small Business Concern

☐ Veteran-Owned Small Business Concern

☐ Government Municipality

Note: Classifications other than "None of the Following/Not a Small Business Concern" require the Small Business Self-Certification form. Please contact us to provide the form to be completed and send together with this qualification.

1.f To be completed by all suppliers

Are you a C-TPAT member? (Customs Trade Partnership Against Terrorism)

☐ YES, Indicate SVI number, or enclose a copy of C-TPAT certificate. SVI _____

☐ NO, Please complete Section 1.g below.

1.g Are any of the products that your company will supply to Praxair manufactured outside the US?

☐ YES If yes, please provide contact information below for additional follow-up.

☐ NO

Name: _____

Title: _____

Email: _____

Section 2

2.0 Additional Commercial Information

2.a Primary Business	
2.b Products/Services	

2.c Key Personnel - (Complete or attach an organization chart). Total number of personnel

2.d Subcontracting

2.e Do you have a formal documented procedure for qualification of sub-contractors?

YES NO **(If yes, please submit procedure with this questionnaire).**

Section 3

1.0 Safety Health & Environment

Company Name

Praxair, Inc. is committed to providing a safe and healthy workplace for employees, contractors, and neighbors. It is Praxair's desire to have its employees visiting only those supplier facilities that have a proven safety record. Likewise, Praxair only wants those suppliers with a proven safety record visiting its sites. It is also Praxair's belief that suppliers with superior safety records are most likely to remain competitive in today's business environment. Only those suppliers who have demonstrated management leadership and systems resulting in superior safety performance are used. To qualify as an maintenance/construction supplier for Praxair, you must:

- Have a documented health, safety, and environmental program that exceeds governmental requirements applicable to your work and meets or exceeds the standard for your industry.
- Provide OSHA/BLS Recordable Injury Frequency and Worker Compensation Experience Modification Rate (EMR) information for our evaluation of your performance against our standards as well as your industry.
- Provide, upon request, supporting health safety and environmental documents to [illegible] ability to comply with applicable HS&EP requirements and performance criteria.
- Attach certified copy of your general liability, auto, and Worker's Comp[illegible]ti[illegible] ins[illegible]ance indicating coverage amounts.

Provide information below for the years indicated in accordance with the [illegible]reau [illegible]f Labor Statistics (BLS) Recordkeeping Guidelines for Occupational Injuries and Illnesses under the Occupational Safety and He[illegible]t of 1970 (9U5C651) and 29 CPR Part 1904. Note: This includes injuries and hours your company has accumulated f[illegible] thr[illegible] of work in your bid. Do not include hours from other divisions, subsidiaries, and owned companies.

		2010	2011	2012	YTD
A	Workman's Compensation Experience Modification Rate (EMR)				
	Interstate				
	Intrastate (if bid is multi-state, [illegible] attachment and include EMR for all state				
Please Provide Rates for your total Company (TC)		TC	TC	TC	TC
B	**Recordable Injury Incidence Rate:** ***Rate = (D + E) (200,000) / H***	Complete D-H	Complete D-H	Complete D-H	Complete D-H
C	**Lost Workday Injury Incidence Rate:** ***Rate = (D) (200,000) / H***	Complete D-H	Complete D-H	Complete D-H	Complete D-H
Please include information on the type of work your company performs in your bid					
D	**From OSHA Form 300:** Number of Injuries with Lost Workdays				
E	Number of Injures without Lost Workdays				
F	**Number of Injury Related Fatalities**				
G	Number of Cases with First Aid Attention Only				
H	Employee Hours Worked/Year				

Programs

Do you have a documented formal safety program?	YES	NO
Do you have a documented hazardous communications program?	YES	NO
Do you have documented safety procedures?	YES	NO
Do you have a documented program for sub-contractor safety?	YES	NO
Do you produce a site specific safety plan that details implementation of your client's requirements?	YES	NO
Are copies of your policy/procedures available?	YES	NO

Do you hold site safety meetings for:

Field Supervisors?	YES NO	Frequency	_____
Employees?	YES NO	Frequency	_____
New Hires?	YES NO	Frequency	_____
Sub-Contractors?	YES NO	Frequency	_____

Section 3 Cont'd.

5.a Safety, Health, & Environment - continued

Performance

Do you have a Safety Orientation Program for new hires?	YES	NO
If yes, does it include instruction on the following?		
Safe Work Practices	YES	NO
Safety Supervision	YES	NO
Tool Box Meetings	YES	NO
Are these requirements periodically reviewed with existing employees?	YES	NO
Emergency Procedures	YES	NO
First Aid Procedures	YES	NO
Accident Prevention	YES	NO
Do you have sub-contractor safety administration for supervisors?	YES	NO
Do you have a sub-contractor safety evaluation process?	YES	NO
Do you have a fire protection and prevention process?	YES	NO
Do you currently have a substance abuse policy?	YES	NO
If yes, does it include: pre-employment testing?	YES	NO
random testing?	YES	NO

Safety Program Administration

Do you have a full time Safety Professional?	YES	NO
Do you have a full time Site Safety Supervisor(s)?	YES	NO
What criteria do you use to determine when?		
Do you conduct project safety inspections?	YES	NO
On-site program administration?	YES	NO
On-site safety violations and OSHA compliance?	YES	NO
Sub-contractor Administration?	YES	NO
Do you conduct equipment inspections that meet applicable environmental requirements?	YES	NO
Does your company conduct home office inspection of field projects?	YES	NO

Please designate the highest-ranking official responsible for safety:

Name _____ Title _____

Address _____

Medical

Describe how you will provide first aid and other medical services for your employees while at a Praxair site. Also, specify who will provide this service.

Type of service provided:

Provider:

Environmental & Safety

Do you have documented procedures for the identification and characterization of hazardous waste?	YES	NO
Have your employees been trained in the proper handling of hazardous waste?	YES	NO
Do you have procedures in place for the management and disposal of hazardous waste?	YES	NO
Do you have documented procedures for the management and reporting of spills and releases of hazardous substances to the environment, including oil?	YES	NO
Do you have documented procedures for the identification and management of asbestos and asbestos containing building materials?	YES	NO
Do you prepare a storm water pollution prevention plan for each construction project?	YES	NO
Do you have environmental incident insurance providing liability coverage for soil and/or ground water contamination? If not, is this coverage included in your general liability coverage?	YES	NO
Have your employees been trained in Safe Lead Practices?	YES	NO
Are your employees respirator trained and certified?	YES	NO

Authorized Supplier Representative completing this questionnaire:

Name

Title Date