

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 equipment 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 verify your ability to comply with applicable HS&EP requirements and performance criteria.
- Attach certified copy of your general liability, auto, and Worker's Compensation insurance policies indicating coverage amounts.

Provide information below for the years indicated in accordance with the Bureau of Labor Statistics (BLS) Recordkeeping Guidelines for Occupational Injuries and Illnesses under the Occupational Safety and Health Act of 1970 (9U5C651) and 29 CFR Part 1904. Note: This includes injuries and hours your company has accumulated for the type of work on your bid. Do not include hours from other divisions, subsidiaries, and owned companies.

A	Workman's Compensation Experience Modification Rate (EMR)	2010	2011	2012	YTD
	Interstate				
	Intrastate (if bid is multi-state, provide for each state and include EMR for all states).				
Please Provide Rates for your Total Company (TC)		TC	TC	TC	TC
B	Recordable Injury Incidence Rate = $\frac{D + P}{H} (200,000)$	Complete D-H	Complete D-H	Complete D-H	Complete D-H
C	Lost Workday Injury Incidence Rate: $\frac{D}{H} (200,000)$	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?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If yes, does it include instruction on the following?				
Safe Work Practices	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Safety Supervision	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Tool Box Meetings	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are these requirements periodically reviewed with existing employees?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have sub-contractor safety administration for supervisors?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have a sub-contractor safety evaluation process?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have a fire protection and prevention process?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you currently have a substance abuse policy?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If yes, does it include:				
pre-employment testing?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
random testing?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Emergency Procedures	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
First Aid Procedures	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Accident Prevention	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Safety Program Administration

Do you have a full time Safety Professional?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have a full time Site Safety Supervisor(s)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
What criteria do you use to determine when?				
Do you conduct project safety inspections?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
On-site program administration?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
On-site safety violations and OSHA compliance?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Sub-contractor Administration?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you conduct equipment inspections that meet applicable governmental requirements?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does your company conduct home office inspections on field projects?	<input type="checkbox"/>	YES	<input type="checkbox"/>	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?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have your employees been trained in the proper handling of hazardous waste?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have procedures in place for the management and disposal of hazardous waste?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have documented procedures for the management and reporting of spills and releases of hazardous substances to the environment, including oil?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you have documented procedures for the identification and management of asbestos and asbestos containing building materials?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you prepare a storm water pollution prevention plan for each construction project?	<input type="checkbox"/>	YES	<input type="checkbox"/>	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?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Have your employees been trained in Safe Lead Practices?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Are your employees respirator trained and certified?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

Authorized Supplier Representative completing this questionnaire:

Name _____

Title _____ Date _____