

Qualification Questionnaire for Chemical, Process, and Specialty Gas Suppliers
Business Confidential

Safety, Health, and Environment

It is Praxair's belief suppliers with superior safety records are most likely to remain competitive in today's business environment. Only those suppliers demonstrating management leadership and systems resulting in superior safety performance are used. Preference is given to those suppliers who have a certified Responsible Care Management System. To qualify 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 indicating coverage amounts.

Section A - General

1 Is your company a member or partner of the American Chemistry Council? Yes No

2 Please identify a contact person(s) responsible for completion of the questionnaire:

Name _____	Name _____
Title _____	Title _____
Company Name _____	Company Name _____
Name _____	Name _____
Title _____	Title _____
Company Name _____	Company Name _____
Name _____	Name _____
Title _____	Title _____
Company Name _____	Company Name _____

Section B - Safety, Health, and Environment* (All Fields are Required)

3 Is your company a member of another organization that practices similar principles of good product stewardship? Yes No
If Yes, please identify the organization and attach a copy of their guiding principles.
Organization Name: _____

4 Does your company have a written safety, health, and environment (SH&E) policy, guiding principles, or other document? Yes No

5 Are there specific people with the responsibility to manage SH&E efforts? Yes No
If Yes, please give name(s) & title(s) as a contact:
Name _____ Title _____
Name _____ Title _____

6 Do you have a system in place that measures the progress of your SH&E efforts? Yes No

7 Do you have a process for the development of information on potential hazards and risks associated with the manufacture and use of your products? Yes No

8 Do you conduct a formal documented SH&E review of each product prior to approving for commercialization? Yes No

9 Do you have a process to survey or audit the following for their commitment to the principles of product stewardship?

Contract Manufacturers:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suppliers:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distributors:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Customers:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10 Do you have SH&E training programs in place for all employees based on job function? Yes No

11 Do you have a process in place to communicate hazard/risk information to:

Employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communities near your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section B con't - Safety, Health, and Environment* (All Fields are Required)

12 Do you have written procedures to manage the following:

Chemical hazards and exposures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Emergency response	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Identification and characterization of hazardous wastes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Chemical handling and disposal	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Reporting of spills and releases of hazardous substances, including oil	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Standard operating procedures	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Worker protection	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Chemical and product storage	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
New or modified products	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
New or modified processes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

13 Do you have a process to audit for compliance with these procedures? Yes No

14 Do you have written procedures to ensure compliance with applicable (SH&E) laws and regulations? Yes No

Section C - Safety Performance Metrics* (All Fields are Required)

Provide information below for the years indicated in accordance with 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 from the type of work in 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 attachment and include EMR for all states).				
Please Provide Rates for your total Company (TC)		TC	TC	TC	TC
B	Recordable Injury Incidence Rate: $Rate = \frac{(D + E) (200,000)}{H}$	Complete D-H	Complete D-H	Complete D-H	Complete D-H
C	Lost Workday Injury Incidence Rate: $Rate = \frac{(D) (200,000)}{H}$	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				

Please return original document to:

Name: _____
 Title: _____
 E-mail: _____
 Address: _____

For Internal Purposes Only:

Reviewed by: _____
 Review date: _____
 SBU Safety Organizational
 Approval (if required): _____
 Date: _____

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