



# GE Energy Connections Supplier Responsibility Guidelines

## Contractor-Labor-Service Supplier SRG Pre-Qualification Form

EC-SRC-0012 Rev: 1.0

### 1. General Information

#### 1.1 Company Profile & Contact Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Does the company operated under a different name in the past?  YES  NO

If "YES", please indicate old company name: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title/position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_ State/License number if applicable \_\_\_\_\_

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EHS Manager/Contact: \_\_\_\_\_ Title / Position \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX Number \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Type of Work / Services Provided by the Company (check all that apply)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Electrical (e.g. wiring) | <input type="checkbox"/> Mechanical (e.g. welding)                             | <input type="checkbox"/> General Maintenance     | <input type="checkbox"/> Office Work                          |
| <input type="checkbox"/> Painting                 | <input type="checkbox"/> Non Destructive Testing (dye penetrant; x-rays, etc.) | <input type="checkbox"/> Roofing & Exterior Work | <input type="checkbox"/> Field service at GE customer site(s) |
| <input type="checkbox"/> Material Handling        | <input type="checkbox"/> Scaffolding   | <input type="checkbox"/> Excavation, Trenching   | <input type="checkbox"/> Janitorial / Cleaning                |
| <input type="checkbox"/> Waste Disposal           | <input type="checkbox"/> Waste Transportation                                  | <input type="checkbox"/> Manpower                | <input type="checkbox"/> Demolition                           |
| <input type="checkbox"/> Confined Space           | <input type="checkbox"/> Asbestos/Lead abatement                               | <input type="checkbox"/> Other (type here)       | <input type="checkbox"/> Other (type here)                    |
| <input type="checkbox"/> Other (type here)        | <input type="checkbox"/> Other (type here)                                     | <input type="checkbox"/> Other (type here)       | <input type="checkbox"/> Other (type here)                    |

Does the company have all the required environmental, health & safety <b>permit(s) / license(s) / authorization(s)</b> required to conduct the work/services selected above? <i>If NO or N/A please provide details below</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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Does the company have appropriate <b>insurance and workers compensation</b> coverage? <i>If NO or N/A please provide details below</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
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#### Environment, Health & Safety Management System Certifications (check all that apply)

- ISO 14001       OHSAS 18001       EMAS (EU)       Other (type here)



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### 1.2 Environmental, Health & Safety Performance

#### 1.2.1 Injury & Illnesses in Past Three (3) Years

Year	Total # of employees	Total hours worked	# All reportable Injuries (1)	# of reportable injuries involving Days Away from Work (DAFW) (2)	# of First Aid / Medications
YYYY					
YYYY					
YYYY					

(1) Reportable injuries include death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness.

(2) DAFW – Days Away from Work (or lost workday)

#### 1.2.2 Does the company:

A. Track near misses / dangerous occurrences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Track EHS concerns reported by employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

#### 1.2.3 In the last five (5) years did the company have:

A. Any injuries or illnesses resulting in DEATH? If YES, provide below a brief description and corrective action(s) taken	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. Any serious injuries requiring employee HOSPITALIZATION for more than 24 hours? If YES, provide a brief description and corrective action(s) taken	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. Any EHS related FINES, CITATIONS, or VIOLATION NOTICES from regulatory agencies? If YES, provide brief description, regulatory agency/body involved, if issues have been resolved	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. Reported any environmental SPILLS, RELEASES, permit EXCEEDANCES to regulatory agencies? If YES, provide brief description, regulatory agency/body involved, if issues have been resolved	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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### 2. EHS Programs & Management Systems

#### 2.1 Does the company:

1. Have a written EHS Policy and Manual?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. Have designated roles and responsibilities assigned for EHS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3. Have assessed all risks associated with work / activities performed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>Written document(s) available:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Safety Risk Assessment (SRA)    <input type="checkbox"/> Job Safety Analysis (JSA)</li> <li><input type="checkbox"/> Environmental Risk Assessment (EIA)    <input type="checkbox"/> Other (type here)</li> </ul> </li> </ul>			
4. Have written <b>policies / procedures / programs</b> covering:			
<ul style="list-style-type: none"> <li>Personal Protective Equipment (e.g. safety shoes, respiratory protection, etc.)?</li> <li>Equipment use, inspection and maintenance?</li> <li>Emergency preparedness and fire prevention?</li> <li>Industrial Hygiene (IH) / occupational exposure monitoring?</li> <li>Housekeeping and workplace inspections?</li> <li>Chemical use, handling, storage?</li> <li>First aid, medical services?</li> <li>Material handling (including use of cranes and hoists)?</li> <li>Hazardous materials/dangerous goods shipping?</li> <li>Environmental aspects (including air, waste, water management)?</li> <li>Incident reporting, investigations and follow-up?</li> <li>Other (list here)</li> </ul>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5. Have a process to inform all employees about hazards present in the workplace?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6. Have trained all employees on risk assessment, policies and procedures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>If YES, are training documentation available for verification?</li> </ul>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7. Have an EHS training program in place for new and existing employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. Have EHS metrics/key performance indicators established?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. Investigate accidents/incidents focusing on identifying root cause(s) to prevent reoccurrence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10. Conduct periodic safety meetings and/ or safety committees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>If YES, how often:    <input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Other (type here)</li> </ul>			
11. Conduct periodic inspections at the job site/facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> <li>If YES, how often:    <input type="checkbox"/> Daily    <input type="checkbox"/> Weekly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Quarterly    <input type="checkbox"/> Other (type here)</li> </ul>			
12. Have a medical surveillance program in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13. Have a process in place to enforce EHS policies and rules?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**NOTES/COMMENTS/ADDITIONAL INFORMATION:**

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### 3. High Risk Operations

**3.1 Please indicate if the company will perform as part of job/scope of work any of the following activities at a GE EC site(s) and/or in a GE EC Project(s):**

NO                       YES (mark below all that apply)

<input type="checkbox"/> Ionizing radiation	<input type="checkbox"/> Asbestos abatement
<input type="checkbox"/> High voltage electrical work (>600V)	<input type="checkbox"/> Lead abatement or use of lead containing products
<input type="checkbox"/> Material lifting activities including rigging, use of cranes and hoists	<input type="checkbox"/> Excavations/trenching
<input type="checkbox"/> Control of hazardous energy (lock-out/tag-out)	<input type="checkbox"/> Demolition work
<input type="checkbox"/> Work at heights (performed at 4 feet/1.2m or greater)	<input type="checkbox"/> Offshore/field service activities
<input type="checkbox"/> Confined space activities	<input type="checkbox"/> Pressure testing
<input type="checkbox"/> Works in potentially explosive atmosphere	<input type="checkbox"/> Other (type here)
<input type="checkbox"/> Hot work (welding, cutting, brazing)	<input type="checkbox"/> Other (type here)
<input type="checkbox"/> Other (type here)	<input type="checkbox"/> Other (type here)

1. Are operators trained in the hazards / safe working / emergency procedures for ALL the specific activities marked above?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
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*\* The GE site will request the related documentation for verification (e.g. safety procedures/programs, list of tools/equipment, etc.)*

### 3.2 Offshore / Field Service Activities

#### 3.2.1 Does the company:

1. Provide information on risks and medication(s) to personnel working in malaria risk areas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. Have had in the last 5 years any cases of malaria ( <i>Falciparum</i> )?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3. Provide medical check(s), risk information and medication to personnel traveling in countries at risk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4. Is there a procedure for medical evacuation of personnel in case of sanitary emergency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5. Have a written policy regarding drug screening or testing of your employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

**NOTES/COMMENTS/ADDITIONAL INFORMATION:**

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