

**Qualification EHS Questionnaire**

**Issue Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*The following questionnaire requires completion by the contractor. Please provide an answer to all questions that apply, if you cannot answer a question, you may be asked to explain why. A no answer does not necessarily disqualify a contractor from performing work at ATI Forged Products. This form will be kept on file and will be classified as Confidential.*

A. GENERAL INFORMATION	
1. Company Name:	
Street Address:	
Mailing address:	
Phone:	
Fax:	
2. Contractor Contact:	
3. Year Company was established?	
4. Insurance Carrier (s):	
Company / Contact Person:	
Type of Coverage:	
Telephone:	
Provide a copy of Certificate of Liability Insurance	
5. EHS Questionnaire:	
Completed by (Contractor Representative):	
Name/Title:	

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## Pre-Qualification EHS Questionnaire

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Signature:	
Date	Click here to enter a date.
Verified by (ATI Forged Products Personnel):	
Name/Title:	
Phone / Fax:	
Signature:	
Date:	Click here to enter a date.
6. Describe Services Performed:	
7. OSHA 300 Log: Provide a copy of the log for 3 previous years	If logs are not provided, please explain why:
8. Have you received any regulatory (EPA, OSHA) citations in the last 3 years: (If yes, please attach copies)	<b><u>YES / NO</u></b> Choose an item.
9. Do you have a EHS program that includes the following:	<b><u>YES / NO</u></b>
a. Accountability & responsibility for managers, supervisors & employees	Choose an item.
b. Resources for meeting EHS requirements:	Choose an item.
c. Company provided personal protective equipment?	Choose an item.
d. Equipment Lockout/Tagout procedures:	Choose an item.
e. Confined Space Entry procedures:	Choose an item.
f. Fall Protection procedures:	Choose an item.
g. Compressed Gas Cylinders procedures:	Choose an item.
h. Electrical Equipment Grounding procedures:	Choose an item.
i. Powered Industrial Vehicles training & certifications include Mobile Cranes, Forklift, etc.	Choose an item.

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j. Hot Work Permit Procedures:	Choose an item.
k. Emergency Preparedness including evacuation:	Choose an item.
l. <b>Asbestos Awareness</b>	Choose an item.
10. Do you have written program for the following:	<b><u>YES / NO</u></b>
a. Hearing Conservation	
• Baseline audiograms	Choose an item.
• Annual audiograms	Choose an item.
b. Respiratory Protection	Choose an item.
c. Hazard Communication	Choose an item.
d. Bloodborne Pathogens	Choose an item.
e. Hot Work Permits & Procedures	Choose an item.
11. Do you have a substance abuse program, if yes does it include:	
a. Pre-placement testing	Choose an item.
b. Random Testing	Choose an item.
c. Testing for cause	Choose an item.
d. Post accident testing	Choose an item.
12. Does your employee read, write & understand English such that they can perform their job tasks without an interpreter:	Choose an item.
13. Do you have a corrective action process for addressing individual EHS deficiencies?	Choose an item.

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### REVISION HISTORY

REVISION	DATE	SUMMARY
1	7/22/16	Updated to a shared form. Updated Title. Changed Ladish Forging to ATI Forged Products. Number 4 in table add "Provide a copy of Certificate of Liability Insurance". Section 5 & 9 - updated.
2	4/6/17	Annual review. No changes. 5/9/19 – Removed ATI Forged Products – Cudahy Operations from the footer. This is a shared form for all of Forged Products. 10/11/2023 - Fixed spelling error. 01/14/2025 – Renumbered document. No content change.