The Koppers Responsible Care policy requires all Koppers employees to consider the “impact” of our actions on the safety and health of people and on the environment. All of our business decisions are guided by this policy. As an RC14001 compliant company Koppers has specific safety, health, environmental and security (SHES) expectations of all contractors. **Koppers Responsible Care Policy** is the commitment to: **Compliance** with all applicable safety, health, environmental and security laws, regulations, and other requirements to which Koppers subscribes; **Pollution Prevention** in order to preserve the environment for the health, productivity and enjoyment of future generations; **Protection of People** through the management of product, process and other safety risks; **Continuous Improvement** of our safety, health, environmental and security systems and performance; and **Communication** regarding our business operations and potential risks, both internally and externally to promote openness with our stakeholders.

To qualify to perform on-site work, Koppers contractors must provide the following information and agree to obtain the following information from all subcontractors utilized and provide it upon request.

**Please send this completed form to:** Click or tap here to enter text.

**Fax:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Contractor Company Information**

**Company Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Contractor Qualification on File:** Choose an item. **Valid Until:** Click or tap to enter a date.

**Contractor Representative:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Emergency Contact/Safety Manager:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Koppers Facility for Planned Work:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Statement of Work (SOW) Brief Description of Tasks and Associated SHES Implications:**

Click or tap here to enter text.

**Check all project specific aspects which apply from the list below:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Environmental Aspects** | | **Safety and Health Aspects** | | | |  | |
| Air Pollutant Emissions |  | Noise Exposure |  | Working at Heights |  | Fire/Explosion |  |
| Environmental Noise/Light Pollution |  | Skin Exposure |  | Trip/Slip/Fall Conditions |  | Welding |  |
| Potential Spill/Release |  | Ingestion Exposure |  | Confined Space |  | Hazardous Energy (L.O.T.O.) |  |
| Waste Generation |  | Inhalation Exposure |  | Pinch Points |  | Manual Material Handling |  |
| Waste Water/Storm Water |  | Radiation Exposure |  | Sharp Object Exposure |  | Radiation Exposure |  |
| Hazardous Material Handling-HAZWOPER |  | Heat Stress or Hypothermia Exposure |  | Struck by Vehicles or Equipment |  | Use of Reactive Chemical |  |
|  |  |  |  |  |  | Asbestos Abatement |  |
|  |  |  |  |  |  |  |  |

List any chemicals or equipment to be used on-site (attach applicable SDS):

Click or tap here to enter text.

List any additional SHES aspects pertaining to this work that we did not include above:

Click or tap here to enter text.

**Commercial Qualification**

1. Have you done business with Koppers in the past? Choose an item.
   1. If so, list locations? Click or tap here to enter text.
2. What description below best describes your business:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service/Inspection/Surveying |  | Engineering |  | Mobile Equipment Service |  |
| Mechanical/Piping |  | Tank Building |  | Electrical |  |
| Equipment Installation |  | Demolition |  | Other |  |

1. All work for Koppers will be based on the Terms and Conditions listed at [www.koppers.com](http://www.koppers.com). Please check here if you understand and accept the [Koppers Inc. Purchase Order Terms and Conditions.](https://cdn.sanity.io/files/oqkrzhcj/production/dad873a4833e785c48aff5be1e08981aed586f21.pdf)
2. Please check here if you have understand and accept Koppers Inc. Supplemental Terms and Conditions for Contractors - Form M listed at [www.koppers.com](http://www.koppers.com).
3. Please check here that you agree with Koppers payment terms of net 60 days.
4. Do you have a registered minority status? Choose an item.
   1. Type: Click or tap here to enter text.
   2. Date of expiration on certification: Click or tap to enter a date.
5. Are you RC14001 certified and have you implemented comparable management system qualifications? Choose an item.
   1. List qualifications:Click or tap here to enter text.

***If RC14004 or comparable management system, you do NOT have to complete the remainder of the form.***

1. In the table below, provide the three most recent full years of history for the area or region to which this questionnaire applies.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Year:Choose an item.** | **Year:Choose an item.** | **Year: Choose an item.** | **3-year avg.** |
| A | Interstate Experience Modification Rate (EMR) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| B | Total Recordable Incident Rate\* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| C | Days Away Incident Rate\*\* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Use the OSHA 300 logs from the company providing labor, please document the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D | Number of Injuries and Illnesses | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| E | Number of Lost Workday Cases | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| F | Number of Work-Related Fatalities | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| G | Total Number of Employees | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| H | Employee Hours Worked Per Year\*\*\* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\*

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\*\*\*If unknown use

1. If statistics are blank or zero in above chart please explain why? Click or tap here to enter text.
2. Has your company experienced any work-related fatalities in the last three years? Choose an item.
   1. If yes, describe the circumstances and corrective measures taken:

Click or tap here to enter text.

1. Has your company experienced any OSHA, EPA (federal or state) or DOT violations in the last three years? Choose an item.
   1. If yes, describe and detail corrective measures taken:

Click or tap here to enter text.

**General**

1. Does your company have a written safety and health program? Choose an item.
2. Does your company have a written Hazard Communication program? Choose an item.
3. Does your company use subcontractors? Choose an item.
   1. If yes, do you qualify subcontractors based on their ability to address SHES requirements? Choose an item.
      1. Do you verify they meet regulatory requirements? Choose an item.
      2. Do you have a formal contractor safety program? Choose an item.
4. Are all documents pertaining to this questionnaire available for auditing? Choose an item.
   1. If no, please explain: Click or tap here to enter text.
5. Indicate the circumstances in which your company’s employees may be subject to substance abuse screening:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employment |  | Probable Cause |  | Periodic |  |
| Random |  | Post-Accident |  | Other: |  |

1. Does your company have a policy requiring written accident/incident reports? Choose an item.
2. Does your company conduct jobsite safety inspections? Choose an item.

**Training**

1. Please respond to all the following items:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programs/Training | Reference Source | Is the program documented and written? | Frequency of training for employees | Is the individual employee training documented? |
| Asbestos Abatement | OSHA 29 CFR 1926-1101 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Confined Space Entry | OSHA 29 CFR 1910.146(g) | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Cranes | OSHA 29 CFR 1926.1400 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Electric Power Gen, Tran, Dist. | OSHA 29 CFR 1910.269 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Electrical Safety | OSHA 29 CFR 126.400 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Emergency Action Plan | OSHA 29 CFR 126.35 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Excavations | OSHA 29 CFR 1926.651 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Fall Protection | OSHA 29 CFR 1926.500 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| First Aid/CPR | OSHA 29 CFR 1926.23 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Forklifts | OSHA 29 CFR 1910.178(1) | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Hazard Communication | OSHA 29 CFR 1910.1200(h) | Choose an item. | Click or tap here to enter text. | Choose an item. |
| HAZWOPER | OSHA 20 CFR 1926.65 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Hearing Protection | OSHA 29 CFR 1926.101 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Fire Protection & Prevention | OSHA 29 CFR 1926.150 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Lockout/Tagout | OSHA 29 CFR 1910.147 (c)(7) | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Personal Protective Equipment | OSHA 29 CFR 1926.95 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Respiratory Protection | OSHA 29 CFR 1926.103 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Welding and Burning | OSHA 29 CFR 1926.350 | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Scaffolding | OSHA 29 CFR 1926.451 | Choose an item. | Click or tap here to enter text. | Choose an item. |

All information contained in and supplied with this document is true and correct. I also understand that Koppers personnel have the right to verify, inspect/audit our activities and those of our Suppliers/Contractors with regards to our on-site activities. I further understand that activities pertaining to service and/or maintenance contracts may require submission of this form on an annual basis. The facility representative should be contacted to make this determination.

I certify here that I am, and for the duration of the work to be provided hereunder, will be, in compliance with all laws, codes, ordinances, orders, rules and regulations of all local, state and federal governments and agencies and instrumentalities applicable to me and my employees and the goods and services to be furnished to Koppers pursuant to any applicable purchase order. I further certify that I shall require any subcontractor, to the extent of the work to be performed by such subcontractor, to be bound to me by the terms and conditions of the purchase order, and to assume toward me all the obligations and responsibilities which I assume toward Koppers.

Signature of Contractor’s Representative: Date:Click or tap to enter a date.

Company Name: Click or tap here to enter text.

**Koppers Use Only**

Reviewed by (please print): Date:

Signature:

Approve  Reject  Request Conditional Approval

Rejection reason:

**Conditional Approval (if necessary)**

Reviewed by (please print): Date:

Signature:

Reason for conditional approval:

Improvement Actions: