SH&E Pre-Qualification Questionnaire

1.0 Introduction

1.1 Cabot Corporation takes the safety & health of our employees, contractors, vendors and the environment very seriously, and believes that all occupational injuries, illnesses and environmental releases are preventable. We are also committed to sustainability in the broader sense including matters related to environmental, social and governance performance and we look for opportunities to partner with suppliers to improve our collective sustainability performance. In order to help ensure that organizations who conduct business at our facilities are also committed to the safety & health of workers, environmental protection and overall sustainability, Cabot has implemented this safety, health and environmental (SH&E) pre-qualification process. We appreciate you taking the time to complete this document as thoroughly as possible. Our site leadership will use this information as a preliminary step in qualifying your company as a potential bidder/contractor/subcontractor. This document must be completed by the bidding contractor involved or to be used on-site in support of a referenced project and approved by an authorized Cabot SH&E representative prior to acceptance of any future bid or proposal or issuance of a PO # or signed contract or approval to work onsite by Cabot Corporation or any of its subsidiaries. Should additional information be required, Cabot's Source to Pay function and/or SH&E teams will contact you directly.

2.0 Company Information	
2.1 Company Name/Subsidiary Name	
2.2 Address	
2.3 Phone Number	
2.4 Email Address	
2.5 How many years has your organization been in business under your present firm name?	1-5
	6-10
	>10
2.6 How many permanent employees do you have?	1-49
	50-499 500+
	500+
2.7 What percentage of your employees are temporary?	0-25%
2.7 What percentage of your employees are temporary:	26-50%
	>50%
3.0 Services Provided	
3.1 Please indicate the type(s) of on-site activities you will be performing at Cabot from the list:	1. Confined space entry
one reade manage the type(s) or on one addition you min be performing at easier from the not	2. Work at height
	3. Welding/other hot work
	4. Hazardous energy isolation
	5. Line Breaking
	6. Live electrical work
	7. Chemical cleaning
	8. Demolition
	Activities involving respiratory protection use Activities involving respiratory protection use
	10. Insulation/refractory work 11. Lifting/hoisting equipment use
	12. Excavation
	13. Hydro-jetting
	14. NDT inspection/radiography
	15. Sub-surface drilling
	16. Scaffold erection/dismantling
	17. Hazardous materials handling/transportation
	18. Underwater services
	19. Heavy equipment use 20. Decontamination Services
	21. Pest Control
	22. Pipe Fitting
	23. Painting
	24. IT/Software
	25. General Construction
	26. Environmental Services
	27. Janitorial
	28. Electrical Contractor
	29. Other (describe)
2.2. Do you utilize subcontractors, including 2rd party (consultant) SURE consisce?	Voc
3.2 Do you utilize subcontractors, including 3rd party (consultant) SH&E services?	Yes No
	110
3.3 Do you regularly oversee and audit your subcontractor SH&E performance?	Yes
	No
3.4 Do you understand that all subcontractors used by your company must complete the Cabot contractor SH&E pre-	Yes
ualification process, including this questionnaire, and be approved by Cabot before being eligible to work at the designated	No

4.0 Past Safety, Health and Environmental (SH&E) Performance, Citations, Notices of Violations

4.1 Indicate the following for the past three years:

4.2 Average Injury Rate (IR):	<0.5
IR = # of injuries x 200,000 ÷ Total Hours Worked	0.6-1.9
	2.0-3.9 >4
	7
4.3 Average Lost Work Day (LWD) Rate:	<0.5
LWD Rate = # of LWD injuries x 200,000 ÷ Total Hours Worked	0.6-1.9
	2.0-3.9 >4
	24
4.4 Where applicable, attach the following but <u>do not</u> include names or other personal information: United States (US) Locations: OSHA 300 and 300A logs for the last three years and Workers Compensation Insurance Experier insurance carrier's letterhead. Non-US Locations: Government/local regulatory-required injury/illness recordkeeping documentation for the last three years letters of good standing, injury summary report, etc.	
receip of good standing, many summary report, etc.	
4.5 How many work-related injuries occurred in the past 3 years that resulted in serious injury (fracture, amputation,	0-2
loss of consciousness, death/fatality or other injuries that resulted in lost work, days away from work or restricted/limited	3-5
work activities).	>5
4.6 How many regulatory SH&E-related citations or notices of violation, including environmental non-conformances,	0-2
have been received in the last three years? Attach each citation or notice of violation and description of the corresponding	3-5
corrective action taken to prevent re-occurrence.	>5
- A 010-70 M	
5.0 SH&E Staffing	
5.1 Do you have a full-time SH&E professional?	Yes No
	NO
5.2 If yes, provide their name and telephone number.	
6.0 Safety, Health and Environmental Practices	
6.1 Do you have a written SH&E management system?	Yes
	No
6.2 Has your SH&E management system been certified by a 3rd party?	Yes
	No
6.3 If yes, attach the current certificate.	
6.4 Do you provide SH&E-related training to front line supervisors/foremen and trades/crafts people?	Yes
	No
6.5 Do you routinely use pre-work planning, including JSA and method statements?	Yes
0.5 Do you routilely use pre-work planning, including 354 and method statements:	No
	v
6.6 Do you have an SH&E incident reporting, incident investigation and corrective action tracking procedure?	Yes No
6.7 Do you perform internal audits of your SH&E programs?	Yes No
	NO
7.0 Client References	
Provide the names of three (3) references with contact information for similar work performed within the past 3 years.	
7.1 Reference 1	
7.1.1 Company Name/Subsidiary Name	
7.1.2 Contact Person	
7.1.3 Telephone Number	
7.1.4 Email Address	
7.1.5 Work Performed	
7.2 Reference 2	
7.2.1 Company Name/Subsidiary Name	
7.2.2 Contact Person	
7.2.3 Telephone Number	
7.2.4 Email Address	
7.2.5 Work Performed	
7.3 Reference 3	
7.3.1 Company Name/Subsidiary Name	
7.3.2 Contact Person	
7.3.3 Telephone Number	
7.3.4 Email Address	
7.3.5 Work Performed	
8.0 Completed By	
8.1 Date (Select today's date)	

8.2 Name	
8.3 Title	
8.4 Email Address	
8.5 Phone Number	

Failure to accurately and completely provide the information requested herein may result in rejection of pre-qualification. Cabot reserves the right to request at any time additional information regarding the company's experience, equipment, safety record or procedures, financial status, completed projects, work currently under contract and any and all information pertinent to the applicant's skill, ability and integrity to perform work for Cabot Corporation.