

Health and Safety - Prequalification Form: General Information & Exclusion Criteria



Confidentiality Class: Medium (C2)
 Document designation: O-SIG 02 Servicepartnermanagement

Valid from: 2016-11-01

Contract description :	
Your supplier number : (9.....)	
LEAG division :	
LEAG purchaser :	

INFORMATION ABOUT YOUR COMPANY

Firm name :	
Firm address :	
Contact information :	Tel : Fax : E-mail : Website :
Name of contact person :	
Name of Managing Director :	
Name of Health and Safety engineer :	
Relevant Employers' Liability Insurance Association :	
Description of main activity :	

EXCLUSION CRITERIA

1 Contractors and their subcontractors have to be health and safety certified companies.

SCC	BG AMS	OHSAS 18001	Operator model	Comparable AMS certification
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a) Is your company certified according to SCC or BG AMS or OHSAS 18001 or according to an operator model? yes/no

If so, please indicate what certification and attach a copy of the certification in the annex.

b) Does your company have another certification comparable to the above-mentioned work safety and health certification? yes/no

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Please attach a copy of the certification as well as a list of relevant supporting documents proving comparability.

2 The following statistical data on the work-related incident situation shall be described:

a) Reporting period (last 12 months) from/to

b) Average number of employees in your company/part of company in the above-mentioned reporting period

c) Please indicate the number of LTI's in the above-mentioned reporting period for your company/part of company

LTI (Lost Time Injury - work-related incidents with lost time)

d) If available, please indicate LTIF

Lost Time Injury Frequency - Üaa^A-Ä [\ E^|aa a/ß &aa^) o^Ä a@| •o^Ä ^Ä ^|,ÄÄ |aa) Ä@`'•Ä [\ ^ä

e) Number of fatal work-related injuries in the above-mentioned reporting period

Please note reverse side

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Self-declarations (Please sign)

3 The Contractor and its subcontractors have to be willing and able to guarantee the relevant expertise/education/experience of all employees of its own company and of the subcontractors and to promptly provide relevant evidence upon request.

Überschreiben Sie hier (Name, Vorname, Nachname) die Unterschrift des Verantwortlichen für die Einhaltung der Arbeitssicherheitsanforderungen.

Signature

Gibt die relevanten Nachweise an:

4 The Contractor is obliged to apply the applicable work safety and health requirements, to its subcontractors, too.

Überschreiben Sie hier (Name, Vorname, Nachname) die Unterschrift des Verantwortlichen für die Einhaltung der Arbeitssicherheitsanforderungen.

Signature

Gibt die relevanten Nachweise an:

5 The contractor is responsible for ensuring the compliance with all applicable laws and regulations for the protection of personal data. The circumstance that these laws and regulations prohibit the Contractor from disclosing certain personal data shall not be a reason for not fulfilling the requirements and contract terms of LEAG.

Überschreiben Sie hier (Name, Vorname, Nachname) die Unterschrift des Verantwortlichen für die Einhaltung der Arbeitssicherheitsanforderungen.

Signature

Gibt die relevanten Nachweise an:

Überschreiben Sie hier (Name, Vorname, Nachname) die Unterschrift des Verantwortlichen für die Einhaltung der Arbeitssicherheitsanforderungen.

We ask you to complete the attached health and safety prequalification form and send it by e-mail to arbeitssicherheit@leag.de together with your current certificate.