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

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

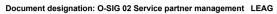


Valid from: 2016-11-01

Contract desc	cription :									
Your supplier	number: (9)									
LEAG divisio	n :									
LEAG purcha	ser:									
INFORMATION ABOUT YOUR COMPANY										
Firm name :										
Fi dd										
Firm address :										
Contact infor	mation : Tel :									
	Fax :									
	E-mail :									
	Website :									
Name of a set										
Name of cont										
Name of Managing Director :										
Name of Heal	Ith and Safety engineer :									
Relevant Emp Association :	ployers' Liability Insurance									
Description of main activity :										
EXCLUSION	ON CRITERIA									
1	Contractors and their subcontractors have to be health and safety certified companies.									
	SCC BG AMS	OHSAS 18001	Operator model	Comparable AMS certifica	tion					
a)	Is your company certified	according to SCC	or BG AMS or OHSAS	18001 or according to an oper	ator model?	yes/no				
	If so, please indicate what ce	_				,				
b) Does your company have another certification comparable to the above-mentioned work safety and h				and health certification?	yes/no					
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	Please attach a copy of the c	ertification as well	as a list of relevant suppo	rting documents proving compa	ability.					
2 The following statistical data on the work-related incident situation shall be described:										
a)	Reporting period (last 12 n	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-re		lost time)							
d)	If available, please indicate Lost Time Injury Frequency - Ü		Á§a. 8ããa^}o∙Á ão @Án •o Ánãi ^Á.^!/	ÁFÁ,ā∥ā;}Á@0°¦∙Á,[¦\^å						
е)	Number of fatal work-relat	ted injuries in the	above-mentioned repor	rting period						

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				Valid from: 2016-11-01					
Self-declarations (Please sign)									
3	The Contractor and its subcontract to guarantee the relevant expertise and of the subcontractors and to p								
	Ú ^æ^Á\${}-ā{Ás@Á^ ^çæ)Ó^^	Ēā^8 adananā]}Án^Á[*¦Áa]}anĕ';^Ánx\cā^ā]*Án@nax^[*Á* -ājÁn@nn Á^**ā^{^}dc	Signature						
	GÁ;[BÁ; ^æ•^Árææ°Ás@-Ár^æ=[}:								
4	The Contractor is obliged to apply the applicable work safety and health requirements, to its subcontractors, too.								
	Ú ^æ^Á&[} -ã{ Ác@Á^ ^çæ}cÁ^ -	描^8 adaeaaa } Áa^Á[ˇ;Áa a }aeő;^Áax\ca-ā,*Áa@eaÁ[ˇÁ་)-4Aá@eA^ˇ a^{ ^}c	Signature						
	-t-#ttt.								
	QÁ,[ĒÁ, ^æ-^Á,cæe*Ás@-Á^æ-[}ÁK								
5		nsuring the compliance with all applicable laws and regulations f and regulations prohibit the Contractor from disclosing certain p tract terms of LEAG.							
	Ú ^æ•^&[}-ā{ Á@Á^ ^çæ}oÁ^ -	Ba^8 adaaaa[}Áa^Á[ˇ¦Áa]}aaĕ¦^Áa∧!cä÷āj*Áa@aaÁ[ˇÁ* -ājÁa@aÁ^ˇ*ā^{^}dè	Signature						
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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.