| Contact Details | |
|---|---|
| Company Name | |
| Contact Person for EHS | |
| Name | |
| Telephone Number | |
| E-Mail Address | |

| 1. Company EHS Management System | | | | | |
|---|---|---|---|---|---|
| | **Question** | **Response** | | **Evidence Required at this Stage** | **Location of Evidence in your Submission** |
| | | **Yes** | **No** | | |
| 1.1 | Is the company certified to an accredited standard for Environmental (ISO 14001)?<br>If yes, skip to Question 1.4. | ❒ | ❒ | Provide Current Certificate and recent accrediting body assessment report | |
| 1.2 | Does the company have an Environmental policy / procedure covering environmental impact management controls? | ❒ | ❒ | None | |
| 1.3 | Has the company identified, documented and maintained an Environmental Impact assessment for the business activities and tasks to be undertaken? | ❒ | ❒ | None | |
| 1.4 | Is the organization certified to an accredited standard for Health and Safety (ISO 45001)?<br>If yes, skip to Question 1.6 | ❒ | ❒ | Provide Current Certificate and recent accrediting body assessment report | |
| 1.5 | Has the company clearly defined EHS roles and responsibilities assigned to the company personnel? | ❒ | ❒ | None | |
| 1.6 | Is EHS Covered in the company's organization chart? | ❒ | ❒ | Provide Current Org Chart | |
| 1.7 | Does the company identify and monitor compliance with EHS Legislation? | ❒ | ❒ | None | |
| 1.8 | Does the company have a signed and dated EHS Policy supported by EHS performance objectives? | ❒ | ❒ | None | |
| 1.9 | Does the company have a written Health and Safety Program in place? | ❒ | ❒ | None | |
| 1.10 | Is there an EHS trained person / consultant employed at supporting the company in complying with its EHS duties? | ❒ | ❒ | None | |
| 1.11 | Do employees receive health and safety training on risk assessment, policies and procedures specific to the task they will undertake? | ❒ | ❒ | None | |
| 1.12 | Does the company have Communication and Consultation procedures or plans in place, which consider EHS? | ❒ | ❒ | None | |

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| 2. Site EHS Management Program | | | | | |
|---|---|---|---|---|---|
| | **Question** | **Response** | | **Evidence Required at this Stage** | **Location of Evidence in your Submission** |
| | | **Yes** | **No** | | |
| 2.1 | Does the organization include recorded weekly supervisory inspections in the Site Safety Program? | ❒ | ❒ | None | |
| 2.2 | Does the company ensure any goods and services supplied comply with the legislation in the country of use? | ❒ | ❒ | None | |
| 2.3 | Does the company perform Health, Safety and Environmental assessment of the processes (internal audits, process reviews, etc.)? | ❒ | ❒ | None | |
| 2.4 | Does the company have a medical surveillance program for site employees as required by local legislation? | ❒ | ❒ | None | |
| 2.5 | Does the company have a housekeeping excellence program in place? | ❒ | ❒ | If Yes, please describe | |
| 2.6 | Does the company have a disciplinary process in place in relation to EHS violations? | ❒ | ❒ | If Yes, please describe | |
| 2.7 | Does the company have an incentive scheme based on EHS performance? | ❒ | ❒ | None | |
| 2.8 | Does the company have an incident reporting process in place? Including LTA, severe events, near-misses. | ❒ | ❒ | None | |
| 2.9 | Is the company free from any health & safety or environmental fines, citations and violations notices served by the regulatory authorities in relation to EHS in the last 3 years? | ❒ | ❒ | None | |

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| 3. High Risk Operations | | | | | |
|---|---|---|---|---|---|
| | **Question** | **Response** | | **Evidence Required at this Stage** | **Location of Evidence in your Submission** |
| | | **Yes** | **No** | | |
| 3.1 | Which of the following activities is the company qualified to perform:<br>- Works involving a risk of interference with moving vehicles .....<br>- Works for which Lockout /Tagout must be performed .....<br>- Lone working .....<br>- Work at height .....<br>- Lifting operations .....<br>- Hot works .....<br>- Works in explosive atmosphere.....<br>- Work on live equipment.....<br>- Work in confined space .....<br>- Erection, modification and dismantling of scaffolds .....<br>- Excavation works .....<br>- Work with exposure to radiations (ionizing or non-ionizing) .....<br>- Aquatic works ..... | ❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒ | ❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒<br>❒ | None | |

| 4. Company contractor EHS Management System | | | | | |
|---|---|---|---|---|---|
| | **Question** | **Response** | | **Evidence Required at this Stage** | **Location of Evidence in your Submission** |
| 4.1 | Does the company use contractors? | ❒ | ❒ | If no, respond directly to question 5.1 | |
| 4.2 | Does the company have a contractor prequalification and process in place? | ❒ | ❒ | If yes, please describe | |
| 4.3 | Does the company verify that contractors meet EHS requirements?<br>If YES, please indicate how your organization verifies this information:<br>Documentation audits ❒<br>Inspections ❒ | ❒ | ❒ | None | |
| 4.4 | Does the company promote continuous improvement in the EHS performance of its contractors by considering their past EHS experience for future contracts? | ❒ | ❒ | None | |

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| 5. Other Requirements | | | | | |
|---|---|---|---|---|---|
| 5.1 | If the company is involved in engineering processes, does the company cover EHS risks mitigation during the design phase? | ❒ | ❒ | None | |

| 6. EHS Events Indicators | | | | | | |
|---|---|---|---|---|---|---|
| | Accident data for the current year and the last 3 years (including the company's contractors) | Current Year | Current Year -1 | Current Year -2 | Current Year -3 | Period Average |
| 6.1 | Number of Fatalities | | | | | |
| 6.2 | Number of environmental incidents reported to the authorities | | | | | |
| 6.3 | Number of accidents with 1 or more days lost time | | | | | |
| 6.4 | Number of first aid injuries reported | | | | | |
| 6.5 | Number of occurrences where authorities have been notified/involved | | | | | |
| 6.6 | Number of Lost Days | | | | | |
| 6.7 | Number of Hours Worked | | | | | |

| I confirm that the above information is correct and that further evidence to support this will be provided to Alstom on request. | | | | |
|---|---|---|---|---|
| Name | Position | Company | Date | Signature |
| | | | | |


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# Definitions and References

## A–1 Definitions

For the purpose of this document the following definitions shall apply:

| Abbreviation or Term | Definition |
|---|---|
| **EHS** | Environment, Health & Safety |
| **LTA** | Lost Time Accident |
| **Severe events** | Accident affecting people related to Alstom activities, whichever company (Alstom or other) employs the victim with the one of the following consequences<br>• Fatal accidents<br>• Any accident resulting in permanent consequences whatever the length of the medical leave is<br>○ either in permanent disfigurement (*) (e.g.: severe skin burn requiring surgery)<br>○ or permanent disability (e.g.: amputation of any digit or part of a digit) |
| **Near miss** | A near miss is an unplanned/undesired event which had neither injury nor property damage (people, plant, premises, environment) consequence but with potential for such a consequence. This indicator is related to Employees' events |

## A–2 References

The following documents are referenced through the text.

### A–2.1 Parent documents

**[P1]** EHS-PRO-012 ..... Control of contractors

**[P2]** EHS-WMS-013..... Management of critical contractors Instruction

### A–2.2 Other documents

**[O1]** EHS-FRM-011 ..... Evaluation of Contractors

**[O2]** EHS-FRM-031 ..... EHS Critical Contractor - Compliance Inspection

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