**Weston Solutions, Inc.**

**Supplier Qualification Questionnaire (Page 1 of 4)**

Weston Solutions, Inc. will use this document as part of its supplier qualification and rating process. By completing and submitting this Questionnaire, preparer represents the information provided herein is complete and accurate as of the date of this submission.

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| **SECTION A: Company Profile** | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | Year Established | | | | #Yrs w/ Present Co. Name | | | | |
| Street Address (Headquarters) | | | | | | | | Former Co. Name (if any) | | | | | | | | |
| City | | | | | State | | Zip Code | CCR Registered?  Yes  No | | | DUNS Number | | | | CAGE Code | |
| Country | | | | | | | | Primary NAICS Code | | | Other NAICS code(s) | | | | | |
| **Contact Information** | | | | | | | | **Primary Business Activity(s)**  Distributor  Supplier  OEM  See Section D | | | | | **Company Type**  Corporation   Partnership  Sole Proprietorship  Other | | | |
| Name | | | | | | | |  | | | | |  | | | |
| Telephone | | FAX | | | | | |  | | | | |  | | | |
| E-Mail Address | | | | | | | |  | | | | |  | | | |
| WWW Internet Web Address | | | | | | | |  | | | | |  | | | |
| **Business Class**  Large Business  Non Profit/Educational  Small Business *(indicate type(s) below, as applicable)* | | | | | | | | **State Certifications**  WBE in state(s)   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,  MBE in state(s)   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,  HUB in state(s)   ,   ,   ,   ,   ,   ,   ,   ,   ,   ,   , | | | | | | | | |
| 8(a)(Certified)   Expiration Date:  Small Disadvantaged  Woman-Owned  HUB Zone (SBA Cert.)    Minority  Veteran-Owned | | | | Disabled Veteran  Handicapped/  Disabled  Native American  Indian Tribe/ANC  Native Hawaiian  Hawaiian Native Org. | | | | **Prior Weston Experience?**  Yes  No | | | | | | | | |
|  | | | |  | | | | Weston Contact | | | | | | PO/Subcontract No. | | |
| **SECTION B: Health and Safety** | | | | | | | | | | | | | | | | |
| Does your company have a written Health and Safety Program Manual?  Yes  No | | | | | | | | | | | | | | | | |
| **Experience Modification Rate (EMR)**  Is your firm subject to the EMR? Yes  No (*applicable to firms whose workers’ compensation premium is $10,000 or more and have been in business for at least 2 years)* | | | | | | | | | **OSHA Recordable Incident Rate**  Is your firm exempt from OSHA record keeping because of size (10 or less employees) and/or industry type?  Yes  No  If no, list your firm’s OSHA Recordable Incidence Rate for each of the past 3 years. | | | | | | | |
|  | Year  20  20  20 | | Rate | | |  | | |  | Year  20  20  20 | | Rate | | | |  |
| Within the last five years, has your firm been in any of the following circumstances  Yes  No  If yes, check appropriate block(s) below  Had either a state or the federal Occupational Safety and Health Administration cite serious violations and assess  penalties against your firm?  If yes, # of instances:  Had either a state or the federal Environmental Protection Agency (EPA) issue a Notice of Violation (NoV) and/or assess  penalties against your firm?  If yes, # of instances:  Had a period when your firm had employees without workers’ compensation insurance or state approved self-insurance?  Experienced a work-related fatality or an accident that resulted in the hospitalization of 4 or more employees?  If yes, please describe | | | | | | | | | | | | | | | | |

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| **SECTION C: Financial/Legal** | | | |
| Is your firm listed in Dun & Bradstreet? (D&B) Yes  No  If yes, list your firm’s current D&B financial rating.  Has your D&B rating changed in the last 3 years? Yes  No  If yes, list previous rating(s) and date(s). | Year  20  20  20 | Rating |  |
| Within the last five years, has your firm been in any of the following circumstances  Yes  No  If yes, check appropriate block(s) below.  Been a debtor in a bankruptcy case?  Filed for bankruptcy under any of the bankruptcy codes?  Had a business license or certification been suspended?  Been suspended, debarred, disqualified, or otherwise prevented from bidding on, or completing any government agency  or public works project?  Had a client process a court filing or submit for arbitration a claim against your firm concerning your work on a project?  If yes, # of Instances:  Processed a court filing or submitted for arbitration a claim against a client concerning work on a project?  If yes, # of Instances:  Been terminated for cause by a client concerning work on a project?  If yes, # of instances:  Had a surety make payments on your firm’s behalf to satisfy a claim made against a performance or payment  bond issued on your firm’s behalf in connection with a construction project, either private or public?  If yes, # of instances:  Had an insurance carrier, for any form of insurance, cancel or deny any form of insurance or refuse to renew an  insurance policy for your firm?  If yes, # of times and when:  If yes to any of the above, please describe       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does your firm have an approved Accounting System, as granted by either an agency of the US Government (e.g., DCAA) or any state government?  Yes  No  If “Yes” to the above question, please specify which agency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What is the date of the last approval of your Accounting System by the specified agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **SECTION D: Quality** |
| **Quality - General**  Does your company have a written Quality Assurance (QA) Program Manual?\*  Yes No  If your company does NOT have a written QA Program Manual would you be  willing to document and submit a QA Program description for Weston’s  approval, or accept in writing and implement, without liability to Weston,  Weston’s QA Program as your company’s own QA Program?  Yes No  Within the past 3 years, has your company had work rejected that required  re-work costs in excess of fifty thousand ($50,000.00) dollars?\*  Yes No Please provide explanation of the cause and extent of the re-work below. |

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| **SECTION E: Commodities/Products** | | |
| Major Commodities/Products – check all that apply | | |
| Aggregates  Construction Materials/Supplies  Containment/Absorption Products  Chemical/Allied Products | Computer/Peripherals/SW/HW   Drums/Storage Containers  Industrial Supplies/Hardware  Office Equipment/Supplies | Safety Equipment/Supplies  Other |

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| **SECTION F: Sustainability** |
| **Sustainability**  Does your company have a formal sustainability program, or a program with explicit goals to go beyond regulatory requirements for environmental compliance?\*  Yes No  Elements included in the program (check all that apply):  Energy conservation  Wastewater management  Renewable energy  Green buildings  Biofuels  Community partnering (working with the local community)  Fleet management  Recycling  Water conservation  Waste management  Stormwater management  Procurement (requirements for “green” products,   such as recycled content)  Is training and/or written guidance material provided to employees regarding the requirements of the various elements of your sustainability program?  Yes No  Do you have metrics to track the progress of your sustainability program?  Yes No  Do you report externally on the progress of your sustainability program?  Yes No  Is a person or group of people formally charged with responsibility for managing the  sustainability program?  Yes No  *Name:*  *Title:*  *Phone:*  *E-Mail:* |

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| **SECTION G: Ethics** |
| **Ethics and Compliance**  Does your company have a written code of conduct for its employees?\*  Yes No  Elements that are included in your company’s Code of Conduct (check all that apply):  Ethical and honest behavior by employees while performing job duties  Gifts, favors, entertainment, and payments  Procurement integrity  Restrictions concerning employment of current and former U.S. government employees  Conflicts of interest  Confidential information  Political contributions and activity  Timekeeping, expense reporting, accounting standards and financial records  Non-discrimination  Environmental, health and safety  Drug-free workplace and drug and alcohol testing  Anti-Trust laws  International work and Foreign Corrupt Practices Act (FCPA)  E-mail, voicemail, instant messaging, text messaging, intranet and internet  Record retention  Workplace violations  Does the company require employees to receive annual refresher training and certify  that they have read, understand, and will comply with the Code of Conduct?  Yes No  Does the company have a person or group of people assigned with the responsibility of managing all aspects of compliance with the Code of Conduct?  Yes No  *Please provide name, title, and contact information of the primary person responsible for compliance with the Code of Conduct.*  *Name:*  *Title:*  *Phone:*  *E-Mail:* |

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| **Weston Solutions will use this document as part of its supplier qualification and rating process. By submitting this form, signer (sender) represents the information provided is complete and accurate as of the date of this submission.**  **Authorized Company Representative**               Please Print Name Title Date  **Return Completed Form to:** [**kathie.cannella@westonsolutions.com**](mailto:kathie.cannella@westonsolutions.com) **and** [**smallbusiness@westonsolutions.com**](mailto:smallbusiness@westonsolutions.com) |