**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[ ]  OEMSee 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 [ ]  NoIf no, list your firm’s OSHA Recordable Incidence Rate for each of the past 3 years. |
|  | Year20  20  20   | Rate                |  |  | Year20  20  20   | Rate                |  |
| Within the last five years, has your firm been in any of the following circumstances [ ]  Yes [ ]  NoIf 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 [ ]  NoIf yes, list previous rating(s) and date(s). | Year20  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 [ ] NoIf 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 [ ] NoWithin 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 [ ] NoPlease 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 explicitgoals to go beyond regulatory requirements for environmental compliance?\* [ ]  Yes [ ] NoElements 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 requirementsof the various elements of your sustainability program? [ ]  Yes [ ] NoDo you have metrics to track the progress of your sustainability program? [ ]  Yes [ ] NoDo you report externally on the progress of your sustainability program? [ ]  Yes [ ] NoIs 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 [ ] NoElements 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 violationsDoes 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 [ ] NoDoes the company have a person or group of people assigned with the responsibilityof 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** **and** **smallbusiness@westonsolutions.com** |