**Weston Solutions, Inc.**

**Supplier Qualification Questionnaire (Page 1 of 2)**

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      | SAM.gov Registered? [ ] Yes [ ]  No | DUNS Number      | CAGE Code      |
| Country      | Primary NAICS Code       | Other NAICS code(s)      |
| **Contact Information** | **Primary Business Activity(s)**[ ]  Distributor[ ]  Supplier[ ]  OEM | **Company Type** [ ]  Corporation [ ]  Partnership[ ]  Sole Proprietorship[ ]  Other      [ ]  Publicly Held[ ]  Privately Held |
| Name      |  |  |
| Telephone      |  |  |  |
| E-Mail Address      |  |  |
| WWW Internet Web Address      |  |  |
| **Business Classification (based on Primary NAICS Code)**  Small Business Subsets (if applicable): |
| [ ]  Large Business[ ]  Non Profit/Educational[ ]  Small Business  |  | [ ]  Small Disadvantaged[ ]  Woman-Owned[ ]  HUB Zone (SBA Cert.) [ ]  Veteran-Owned [ ]  8(a) Cert Exp Date:       | [ ]  Disabled Veteran[ ]  Native American[ ]  Native Hawaiian[ ]  ANC/HNO/Tribal Owned |
| **Prior Weston Experience?** [ ]  Yes [ ]  No |  |
| **SECTION B: Security Requirements** |
|  Does the Company have existing procedures for handling:* Confidential business information and proprietary data? [ ]  Yes [ ]  No
* Classified contracts and information as required by DFARS 204.4? [ ]  Yes [ ]  No
* Covered Defense Information (CDI) as required by DFARS 252.204-7012? [ ]  Yes [ ]  No
 |
| **SECTION C: Health and Safety**  |
| Does your company have a written Health and Safety Program Manual? [ ]  Yes [ ]  No  |
| **Experience Modification Rate (EMR)**Does your firm have an EMR? [ ]  Yes [ ]  No(*applicable to firms whose workers’ comp premium is ≥$10,000 or more and have been in business for ≥ 2 years).* *If yes, list your firm’s EMR for most recent 3 years:* | **OSHA Recordable Incident Rate**Is your firm subject to OSHA record keeping because of size (>10 employees) or industry type? [ ]  Yes [ ]  NoIf yes, list your firm’s OSHA Recordable Incident Rate for most recent 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 to any of the above, please provide explanation       |

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**Supplier Qualification Questionnaire (Page 2 of 2)**

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| **SECTION D: Financial/Legal** |
| Is your firm listed in Dun & Bradstreet? (D&B) [ ] Yes [ ]  No If yes, list your firm’s current D&B financial rating. | Year20   | Rating      |  |
| **SECTION E: Quality** |
| **Quality - General**Does your company have a written Quality Assurance (QA) Program Manual? [ ]  Yes [ ]  No |
| **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 [ ]  No |
| **SECTION G: Ethics** |
| **Ethics and Compliance**Does your company have a written code of conduct for its employees?[ ]  Yes [ ]  No |
| **Weston Solutions, Inc. 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:** **SupplyChain.Admin@WestonSolutions.com** |