**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  --------------------------------------  List Products Provided: | | | | | | **Company Type**  Choose One:  Corporation   Partnership  Sole Proprietorship  Other  -----------------------------------  Choose One:  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  No  If yes, list your firm’s OSHA Recordable Incident Rate for most recent 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 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. | Year  20 | Rating |  |
| **SECTION E: Quality** | | | |
| **Quality - General**  Does your company have a Quality policy?  Yes  No | | | |
| **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 | | | |
| **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**](mailto:SupplyChain.Admin@WestonSolutions.com) | | | |