**Public Company ORLEN Lietuva**

**Occupational Safety and Health Questionnaire for Contractors and Subcontractors Intended to Hire by Them**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Date of completion)**

Contractor's company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Questionnaire must be filled in by every Contractor invited to participate in the procurement process for execution of works and/or provision of services. Data from the Questionnaire will be used for assessing the occupational health and safety (OHS) status of contractors and subcontractors intended to hire by them, and will have an impact on the selection of winner. Please give accurate answers to all questions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Question | Answer | | Comments |
| Yes | No |
| 1. | Does your company have an occupational health and safety management system in place? |  |  | ***(if in place, please present a copy of the certificate together with this Questionnaire)*** |
| 2. | Does your company have all certificates, licenses and other documents required to execute the relevant works? |  |  | ***(if yes, please present copies of such documents together with this Questionnaire)*** |
| 3. | Have you read and know the requirements laid down in OHS Procedures of Public Company ORLEN Lietuva and accept them?  ***OHS Procedures and other OHS documents applicable to contractors are available at:***  <https://www.orlenlietuva.lt/EN/ForBusiness/DocumentsForContractors/Pages/Occupational-Safety-and-Health-Documents.aspx> |  |  |  |
| 4. | Do you intend to hire subcontractors for execution of works and/or provision of services? |  |  | ***(if intended, please Occupational Safety and Health Questionnaires filled in by subcontractors)*** |

**Subcontractors to be hired:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Subcontractor' company)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Subcontractor' company)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Subcontractor' company)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Subcontractor' company)

Provide information on accidents at work within last three years (excluding current year) in your company:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Year \_\_\_\_ | Year \_\_\_\_ | Year \_\_\_\_ | Total\* |
| Man-hours worked | DV |  |  |  |  |
| Number of accidents at work  Number of fatal accidents at work |  |  |  |  |  |
|  |  |  |  |  |
| Number of calendar days away from work due to accident at work |  |  |  |  |  |
| Total Recordable Frequency Rate |  |  |  |  |  |
| Total Severity Rate | NASR |  |  |  |  |

Frequency rate formula:

Severity rate formula:

**\* - Frequency rate (NADR) and severity rate (NASR) cannot be summed up – they must be calculated according to formulas.**

Head of company (authorized person) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

full name, signature, tel. No

Person responsible for occupational health and safety \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ full name, signature, tel. No