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## *APPENDIX H*

# Environmental, Health and Safety (EHS) Questionnaire for Existing and Proposed Critical Materials and/or Components Suppliers

### **Contents**

- I. EHS Management Overview and Background for the Facility Supplying Raychem (7 questions; 200 points)
- II. EHS Systems and Procedures at the Facility Supplying Raychem (7 questions; 450 points)
- III. Internal Audits of the Facility Supplying Raychem (2 questions; 120 points)
- IV. EHS Performance and Continuous Improvement at the Facility Supplying Raychem (4 questions; 230 points)

Supplier Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

Address of Specific Facility Supplying Products for Joint Venture:  
\_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_

Please answer the following questions for the specific facility responsible for supplying Raychem. Check appropriate boxes. Attach additional comments or information as necessary. Please write N/A (Not Applicable) in the margin when the subject will never apply at this location. Write a question mark (?) in the margin if you do not know the answer.

| I. EHS Management Overview & Background for the Facility Supplying Raychem   | Yes                      | No                       | Pts.* |
|--|--------------------------|--------------------------|-------|
| 1. Does the facility have a written EHS Policy Statement? (XO-20) If yes, does the policy specifically call for: <ul style="list-style-type: none"> <li>a. compliance with EHS regulations? (XO-10)</li> <li>b. continuous improvement? (XO-10)</li> <li>c. product stewardship? (XO-10)</li> </ul> Please attach a copy.  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| 2a. Is a management representative assigned responsibility for facilitating compliance with EHS regulations? (XO-20) If yes, please give name, title and phone no.: _____  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| b. Has management established a site EHS committee? (XO-30) If yes, please attach a copy of its charter or mission statement.  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| 3. Have long term EHS goals been established for the facility? (XO-20)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| 4. Are quantitative annual EHS objectives established at various levels of your organization at the facility (e.g., reduction targets for waste disposal, air emissions, water discharges, accidents or incidents)? (XO-30)  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| 5. Does the site manager (or designee) maintain a written list or registry of EHS regulatory requirements that apply to the operations of the facility? (XO-10) If yes, does it include requirements related to: <ul style="list-style-type: none"> <li>a. worker protection? (XO-10)</li> <li>b. environmental and community protection? (XO-10)</li> <li>c. property protection? (XO-10)</li> <li>d. product stewardship? (XO-10)</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| 6. Please estimate the number (a range is acceptable) of temporary employees ( ___ ) and contractors' employees ( ___ ) typically present on site.   |                          |                          | ___   |
| 7a. Does any other company or corporation (e.g., contract suppliers to you) occupy the same site or any part of it? If yes, please identify them and describe.<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| b. Are there adjacent operations (public or private) that are generally considered by the local community, insurers, or experienced EHS professionals to represent substantial risks to people, property, or the environment (e.g., oil refineries, chemical processing, hazardous waste processing facilities)? If yes, please identify and describe them on an attached page.  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| <b>Total for Section I</b>   |                          |                          | ___   |

| II. EHS Systems and Procedures at the Facility Supplying Raychem   | Yes                      | No                       | Pts.* |
|--|--------------------------|--------------------------|-------|
| 8. Is there a site EHS manual of guidelines and procedures? (XO-30)<br>If yes, please supply a copy of the table of contents.  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| 9. Does the facility have systems or activities with written procedures in the following areas for:  |                          |                          |       |
| a. Worker Protection:  |                          |                          |       |
| i. Site Work Permit system for employees & contractors? If yes, check all that apply:  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| <input type="checkbox"/> Confined Space Entry Permit (XO-5)  |                          |                          |       |
| <input type="checkbox"/> Excavation Permit (XO-5)  |                          |                          |       |
| <input type="checkbox"/> Fork Lift Operating Permit (XO-5)   |                          |                          |       |
| <input type="checkbox"/> Hot Work Permit (XO-5)  |                          |                          |       |
| <input type="checkbox"/> Fire Protection System Impairment Permit (XO-5)   |                          |                          |       |
| <input type="checkbox"/> Utility Interruption Permit (XO-5)  |                          |                          |       |
| ii. Employee drug testing? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| iii. Accident investigation, reporting, and follow-up? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| iv. Near-miss investigation, reporting, and follow-up? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| b. Property Protection:  |                          |                          |       |
| i. Routine testing and maintenance of fire detection/alarms and suppression systems? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| ii. Annual testing of fire water pumps? (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| c. Environmental Protection:   |                          |                          |       |
| i. Process air emissions tracking or monitoring? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| ii. Process wastewater discharge tracking or monitoring? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| iii. Ensuring solid and liquid (containerized) wastes from manufacturing are identified, accumulated, stored, treated, and properly disposed of in accordance with applicable local regulations? (XO-10) | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| iv. Storm water pollution prevention? (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| v. Ground water pollution prevention? (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| vi. Fire-fighting water containments? (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| vii. Energy conservation? (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| d. Product Stewardship:  |                          |                          |       |
| i. Recycling or reuse of products? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| ii. Minimization of product packaging materials? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| 10a. Does the facility have a written emergency response plan? (XO-20) If yes, please supply a copy of the table of contents.  | <input type="checkbox"/> | <input type="checkbox"/> | ___   |
| b. How frequently are emergency response drills conducted?<br><input type="checkbox"/> Quarterly (20) <input type="checkbox"/> Semiannually (10) <input type="checkbox"/> Annually (5)                   |                          |                          | ___   |

|   |                          |                          |     |
|---|--------------------------|--------------------------|-----|
| 11a. Does the facility have a written Business Recovery Plan for the facility? (XO-30) If yes, please supply a copy of the table of contents and proceed to 11b and 11c. If no, go to question 12.  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| b. In preparing the Business Recovery Plan, did you provide recovery procedures for:  |                          |                          |     |
| 1. accidents at your facility (e.g., fires, chemical spills, equipment failures) (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. natural disasters at your facility (e.g., wind storm, flood, lightning strike, earthquake) (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. accidents at an adjacent facility that could adversely affect your facility (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. failure of your utility suppliers to deliver for an extended period (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. failure of a material or component supplier to deliver for an extended period (internal or external to your company) (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| c. Is the plan reviewed and tested on an annual basis? (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 12a. Is EHS training (including hazard communication) provided to all employees upon hire as well as on a routine basis? (XO-20)  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| b. If temporary employees and/or contractors' employees are routinely working on your site, do they receive:  |                          |                          |     |
| 1. a site EHS orientation before beginning work that includes site rules? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. briefings on area-specific EHS hazards and area-specific EHS controls where they work? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 13. Does the facility specify, procure, or use recycled materials in:   |                          |                          |     |
| a. products? (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| b. packaging? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| c. office paper and supplies? (XO-10)   | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 14. For chemical suppliers:   |                          |                          |     |
| a. Is the facility a participant in the Responsible Care® Program of the chemical industry associations worldwide? (XO-20)  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| b. Does the facility have an external hazard communication program (i.e., distribution of Material Safety Data Sheets (MSDS's) for products you supply)? (XO-20) If yes, is there a second party (e.g., health professional, legal) review done of your products MSDSs prior to their distribution? (XO-10) | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| c. Does the facility have a system in place for compliance with chemical notification requirements (e.g., TSCA, EINECS/ELINCS, DSL) to appropriate agencies? (XO-20)  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <b>Total for Section II</b>   |                          |                          | ___ |

| <b>III. Internal Audits of the Facility Supplying Raychem</b>  | <b>Yes</b>   | <b>No</b>  | <b>Pts*</b>  |
|--|--|--|--|
| <p>15. Are formal EHS regulatory compliance audits of the facility's operations conducted? If yes,</p> <p>a. how often? <input type="checkbox"/> Every year (30) <input type="checkbox"/> Every 2 years (20) <input type="checkbox"/> Every 3 years (10)</p> <p>b. done by whom? _____</p> <p>c. is a written protocol used? (XO-30)</p> <p>If yes, what is the basis for the audit protocol (e.g., Responsible Care, ISO14000) _____</p>  | <input type="checkbox"/><br><br><br><br><br><br><br><input type="checkbox"/><br><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | <input type="checkbox"/><br><br><br><br><br><br><br><input type="checkbox"/><br><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | <br><br><br><br><br><br><br><br><br><br><br><br><br><br> |
| <p>16. Are formal EHS management system audits of the facility's operations conducted? If yes,</p> <p>a. how often? <input type="checkbox"/> Every year (30) <input type="checkbox"/> Every 2 years (20) <input type="checkbox"/> Every 3 years (10)</p> <p>b. done by whom? _____</p> <p>c. do you use a written protocol? (XO-30)</p> <p>If so, what is the basis for the audit protocol (e.g., Responsible Care, ISO14000**) _____</p> <p>** In draft form as of November 1995.</p> | <input type="checkbox"/><br><br><br><br><br><br><br><input type="checkbox"/><br><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | <input type="checkbox"/><br><br><br><br><br><br><br><input type="checkbox"/><br><br><br><input type="checkbox"/><br><br><input type="checkbox"/> | <br><br><br><br><br><br><br><br><br><br><br><br><br><br> |
| <b>Total for Section III</b>   |  |  | _____  |

| <b>IV. EHS Performance and Continuous Improvement at the Facility<br/>Supplying Raychem</b>  | <b>Yes</b>               | <b>No</b>                | <b>Pts*</b> |
|--|--------------------------|--------------------------|-------------|
| 17a What were the worker lost time accident rates for your employees for each of the last 3 years? (e.g., lost time accidents per 100 employees)<br>Year: ___ Rate: ___; Year: ___ Rate: ___; Year: ___ Rate: ___<br>b. What is the comparable industry worker accident rate? _____  |                          |                          |             |
| 18. Does the facility evaluate the lost time accident rates of its contractors?<br>(XO-10) Please give an example of last year's accident rate for one of the most frequently used contractors: _____  | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| <b>If there is a "yes" answer to questions 19 a–h, please attach a brief description or example.</b>   |                          |                          |             |
| 19. Within the last 3 years, has the facility:   |                          |                          |             |
| a. Had any worker injuries or occupational illnesses requiring a formal onsite investigation by regulatory authorities? (If no, award 20 points)   | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| b. Been the subject of any EHS enforcement actions by any government entities, or does the facility have knowledge of any contemplated enforcement actions? If yes, state the results of the enforcement action (e.g., consent order, penalties, no action) and describe the circumstances: _____ (If no, award 20 points) | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| c. Been under any regulatory agency orders for corrective actions related to EHS issues or code violations (If no, award 20 points)  | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| d. Been required to investigate and/or remediate soil or groundwater contamination? (If no, award 20 points)   | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| e. Paid damages as a result of environmental litigation? (If no, award 20 points)  | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| Within the last 3 years, has the facility:   |                          |                          |             |
| f. Experienced any accidents involving property losses or business interruption losses totaling \$100,000 or more? (If no, award 10 points)  | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| g. Had an insurer significantly increase premiums or deductible levels because of failure to meet insurance industry standards, or because of high property or business interruption losses? (If no, award 10 points)  | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| h. Been the subject of any citizen complaints to regulatory agencies or authorities regarding EHS matters? (If no, award 10 points)  | <input type="checkbox"/> | <input type="checkbox"/> | _____       |
| i. Received any rewards or commendations for EHS performance? (XO-10)  | <input type="checkbox"/> | <input type="checkbox"/> | _____       |

|   |                          |                          |       |
|---|--------------------------|--------------------------|-------|
| 20. Can the facility document continuing EHS performance improvement over the last 3 years in the areas of: |                          |                          |       |
| a. worker protection? (XO-20)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. environmental protection? (XO-20)  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. property protection? (XO-20)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. product stewardship? (XO-20)   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>Total for Section IV</b>   |                          |                          | _____ |
| <b>Grand Total (for Raychem use only)</b>   |                          |                          | _____ |

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Source: Raychem Corporate Environment, Health, and Safety Manual (EHS/3/1128/4.6)