ExxonMobil Canada East

Safety, Security, Health & Environment (SSHE)

Pre-Qualification Questionnaire

June 2025 - NA0243C

Registered Company Name:

Address:

Completed by: (Name & Title)

Telephone # Mobile #

Email:

1. Please provide the following safety statistics for the previous two years. To ensure that the incidents are appropriately classified, we have included Injury Classification Definitions that ExxonMobil uses to determine injury frequency for your reference.

* 1. Lost-time Incident Rate Year 1:\_\_\_\_\_\_\_\_\_\_ Year 2: \_\_\_\_\_\_\_\_\_\_

=(200,000 hrs x Number of Lost-time incidents)

Total Exposure Person Hours

* 1. Total Recordable Incident Rate Year 1:\_\_\_\_\_\_\_\_\_\_ Year 2: \_\_\_\_\_\_\_\_\_\_

=(200,000 hrs x Number of Recordable Incidents)

Total Exposure Person Hours

* 1. Are you registered with Worker's Compensation Board (WCB) of Newfoundland and Labrador?  YES  NO
     1. If “No” please provide the following documentation
        + 1. Clearance Letter for *bidding purposes* from applicable WCB (Newfoundland and Labrador)
     2. If yes, please provide the following documentation:
        + 1. Clearance letter from applicable WCB. If you are not currently registered with the WCB, a letter of clearance for bidding purposes can be obtained by contacting the applicable WCB directly.
          2. Experience rating for the past year. (Include a copy of most recent rating assessment)

\*Note: the Worker’s Compensation Coverage must be for Newfoundland.

1. As per the Newfoundland and Labrador Occupational Health and Safety Act:
   1. Does your company have a Safety Policy in place?  YES NO

**(Please provide a copy of your latest safety policy)**

* 1. Is your company required to have a Joint Occupational Health and Safety/Workplace Committee?  YES  NO

**(Please provide a copy of the minutes from your last meeting)**

* 1. If no, do you have an Occupational Health and Safety Representative?  YES  NO

1. Does your company have a defined Safety Management System?  YES  NO

**(Please provide a copy of your table of contents)**

1. Does your company have a training and competency assurance program to ensure personnel are qualified to perform this work?

YES  NO

1. Do you have a maintenance program that ensures your equipment is safe and fit for purpose?

**(Please provide a recent inspection or maintenance report)**   YES  NO

1. Does your company have an Alcohol and Drug Policy?  YES  NO

**(Please provide a copy of your latest Alcohol and Drug Policy)**

7) Do you have an Environmental/Waste Management Policy?  YES  NO

**(Please provide a copy of your latest policy)**

Injury Classification Definitions

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| Recordable Injury includes the following:   * Medical Treatment * Lost time or Restricted Work   Medical Treatment means the management and care of a patient to combat disease or disorder.  Medical Treatment does not include the following:   * Visits to a physician or other licensed health care professional solely for observation or counseling. * The conduct of diagnostic procedures such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils). * First Aid as defined. Note that multiple applications of first aid do not constitute medical treatment; it is the nature of the treatment, not how many times it is applied, that determines it is first aid or medical treatment.   Medical Treatment does include the following:   * Using simple massages (physical therapy or chiropractic treatment). * Significant diagnosed injuries and illnesses. That is, work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be recorded under the general criteria at the time of diagnosis by a physician or other health care professional. * All work-related needle stick injuries and cuts from sharp objects that are contaminated with another person's blood or other potentially infectious material. * Medical removal above first aid criteria. * Cases involving hearing loss. * Occupational exposure to anyone with a known case of active tuberculosis followed by a tuberculosis infection as evidenced by a positive skin test or diagnosed by a physician or other licensed health care professional. | Restricted Work is a work-related injury or illness, which results in an individual being unable to perform one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work on any calendar day after the day of the illness or injury.  Restricted work occurs when as the result of a work-related injury or illness:   * The injury or illness keeps the worker from performing, (or a physician or other health care professional recommends that the worker not perform) one or more of the routine functions of their job, OR * The injury or illness keeps the worker from working (or the physician or other health care professional recommends the worker not work) the full workday that he or she would otherwise have been scheduled to work.   \* "Routine Functions" are those work activities the worker regularly performs at least once per week.  \* Do not record cases where the injured or ill worker produces fewer goods or services than he or she would have produced prior to the injury or illness but otherwise performs all of the routine functions of his or her work.  \* Cases involving vague restrictions from a non-Company physician or health care professional (e.g., "engage in light duty" or "take it easy for a week") should be investigated by a Company physician or health care professional.   * If the follow-up investigation indicates that the restriction does prevent the worker from either performing his or her routine job function or from working all of his or her normally assigned work shift, or if no follow-up investigation is made, then the case should be recorded.   \* Work restrictions recommended by a physician or health care professional are recordable even if the worker does not follow the restrictions.  \* In cases where recommendations are received by two or more physicians or health care professionals, the Company may decide which recommendation is the most authoritative and determine recordability based on that recommendation. |

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| Lost Time Incident is any work-related injury or illness, which result in at least one lost workday after the day of the incident.   * If a worker's condition resulting from an injury or occupational illness causes him or her to be unable to return to work the calendar day following the day on which the incident occurred, the case should be recorded as a Lost Time Incident. (Note that it does not matter whether the next calendar day is a scheduled work day or not, only whether the person was able to work on that day). * Weekend days, holidays, vacation days or other days off are included in the total number of days recorded if the worker would not have been able to work on those days because of a work-related injury or illness. * If the injury or illness occurs on the last day a worker is scheduled to work (e.g. last day of workweek, day before planned vacation, scheduled plant closing) and the worker reports to work on the next scheduled work day, record the case only if information is received from a physician or other health care professional indicating worker should not have worked, or should have performed only restricted work during the scheduled time off. * An injury or illness in which the worker is unable to work is classified as Lost Time if the individual takes unscheduled vacation on the day following the day of the injury or illness. * Working at home is not an acceptable alternative unless performing the work at home would be considered "normal and customary". To be "normal and customary", the worker must have a previous history of being paid to work at home. | For purposes of corporate reporting, prescription medication means:   * All antibiotics including those dispensed as prophylaxis where injury or illness has occurred to the subject individual. Exceptions: Dermal applications of Bacitracin, Neosporin, Polysporin, Polymyxin, lodine or similar prescription. * Diphenhydramine (Benadryl) greater than 50 milligrams (mg) in a single application. * All analgesic and nonsteroidal anti-inflammatory medication (NSAID) including:   - Ibuprofen (such as AdvilTM) - Greater than 467 mg in a single dose.  - Naproxen Sodium (such as AleveTM) - Greater than 220 mg in a single dose.  - Ketoprofen (such as Orudis KTTM) - Greater then 25 mg in a single dose.  - Codeine analgesics (Cocodamol, Panadeine, etc.) - Greater then 16 mg in a single dose.  Exceptions: acetylsalicylic acid (Aspirin) and acetaminophen (paracetamol) are not considered medical treatment.   * All dermally applied steroid applications. Exceptions: hydrocortisone preparations in strengths of 1% or less. * All vaccinations used for work-related exposure. Exceptions: Tetanus * All narcotic analgesics (except codeine as listed above). * All bronchodilators. Exceptions: Epinephrine aerosol 5.5 mg/ml or less. * All muscle relaxants (e.g. benzodiazepines, methocarbamol and cyclobenzaprine).   For purposes of corporate reporting, prescription medication means:   * All other medications (not listed above) that legally require a prescription for purchase or use in the state or country where the injury or illness occurred.   Where there are apparent contradictions, advice should be sought from a Company physician and reasoning documented. |