

For GE Aerospace Research Use Only		
Signature	Date Approved	Comments

GE AEROSPACE RESEARCH- CONTRACTOR QUALIFICATION FORM

IMPORTANT: submission and review of this form is required prior to the approval of purchase orders and permission to conduct work on site

COMPANY NAME:

SERVICES TO BE PERFORMED:

COMPANY SERVICES- HAZARD CLASSIFICATION

Please check the box indicating which risk category your firm will provide on location at GE and follow the instructions. If you have questions regarding your classification or anything else on this form, contact the contractor safety manager at Ashley.Glassford@ge.com

Minor (Low) Risk Ops	<input type="checkbox"/> M1 : Consultant Services <input type="checkbox"/> M2 : Inspection Services <input type="checkbox"/> M3 : Painting (non-haz) <input type="checkbox"/> M4 : General Office Maintenance or Work	<input type="checkbox"/> M5 : Janitorial/ Cleaning Service <input type="checkbox"/> M6 : Service or Testing of Instruments or other plug and cord electrical equipment (e.g., copier, computer, etc.)	<input type="checkbox"/> M7 : Security Services
Significant (Medium) Risk Ops	<input type="checkbox"/> SI1 : Powered Mobile Equipment (including forklift) for Material Handling <input type="checkbox"/> SI2 : Extreme Low Voltage Live Electrical Work (<50 Vac or <100 Vdc) <input type="checkbox"/> SI3 : Motor Vehicle	<input type="checkbox"/> SI4 : Waste Management/Handling <input type="checkbox"/> SI5 : Powered Hand & Machine Tools <input type="checkbox"/> SI6 : Chemicals & Hazardous Substances (incl. hazardous paints, cleaners, etc.) <input type="checkbox"/> SI7 : Compressed Gas <input type="checkbox"/> SI8 : Non-ionizing radiation <input type="checkbox"/> SI9 : Offshore Work (including Offshore Crew & Transport & Underwater)	<input type="checkbox"/> SI10 : Public/ Road Works <input type="checkbox"/> SI11 : <input type="checkbox"/> SI12 : Bloodborne Pathogens <input type="checkbox"/> SI13 : Abrasive Blasting (sandblasting, shot blasting, dry-ice blasting, etc.) <input type="checkbox"/> SI14 : Facility Maintenance <input type="checkbox"/> SI15 : Insulation Work
Severe (High) Risk Ops	<input type="checkbox"/> SE1 : Working Alone (Lone Worker) <input type="checkbox"/> SE2 : Low and High Live Electrical Work (>50 Vac or >100 Vdc) <input type="checkbox"/> SE3 : Asbestos <input type="checkbox"/> SE4 : Lead Abatement <input type="checkbox"/> SE5 : Ionizing Radiation	<input type="checkbox"/> SE6 : Confined Space Entry <input type="checkbox"/> SE7 : Cranes & Hoists (lifting operations)- including rigging <input type="checkbox"/> SE8 : Civil Works/ Building Construction <input type="checkbox"/> SE9 : Excavation/Trenching <input type="checkbox"/> SE10 : Highly Hazardous Process <input type="checkbox"/> SE11 : Pressure Work	<input type="checkbox"/> SE12 : Working at Heights/Elevated Work <input type="checkbox"/> SE13 : Explosive Atmospheres <input type="checkbox"/> SE14 : Working Near High Magnetic Fields <input type="checkbox"/> SE15 : Hot Work <input type="checkbox"/> SE16 : Line Breaking

ONSITE SAFETY ORIENTATION & PRE-JOB BRIEFING

All Contractor and Subcontractor personnel must participate in an on-site Pre-Job Safety Briefing with their GE Host. If you have questions, please contact Ashley.Glassford@ge.com, or reach out to your requestor.

Checklist for Qualification

Contractor Type	Required Documents
Minor Risk Ops	<input type="checkbox"/> Certificate of Liability Insurance <input type="checkbox"/> EHS Policy
Significant Risk Ops	<input type="checkbox"/> Certificate of Liability Insurance <input type="checkbox"/> EHS Policy <input type="checkbox"/> Programs for each hazardous work type (e.g., electrical, LOTO, confined space, etc.) <input type="checkbox"/> Training records and training plan/matrix for each hazardous work type
Severe Risk Ops	<input type="checkbox"/> Certificate of liability insurance <input type="checkbox"/> EHS Policy <input type="checkbox"/> Programs for each hazardous work type <input type="checkbox"/> Training records and training plan/matrix for each hazards work type <input type="checkbox"/> Site safety plan/risk assessment/lift plan (if applicable) <input type="checkbox"/> Business permits, certifications, licenses, inspections (e.g., NYS asbestos, rigging, crane) if applicable

GE AEROSPACE RESEARCH CONTRACTOR QUALIFICATION FORM

COMPANY PROFILE			
Company Name:			
Address:	City/State:	Zip:	
Telephone:	NAICS/SIC Code:		
Number of Employees:		Union Status: <input type="checkbox"/> Union <input type="checkbox"/> Non-Union	
Parent Company Name:		Form of Business: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	
Will your company be working on-site as a sub-contractor? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, Name of Contracting Company:			
Contact Name:		Ph #:	
Describe the nature of business your organization will perform at the GE site:			
Sub-Contractors			
Will you hire sub-contractors to assist in any on-site projects?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the company names and contact info for the sub-contractors you will use:			
All subcontractors must complete a Pre-Qualification Form for approval prior to beginning work.			
Environmental, Health & Safety Contact			
Do you have a dedicated full time environmental health & safety professional within your company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Title:	Ph #:	
If you don't have a dedicated environmental, health & safety professional, who is responsible for EHS within your company?			
Name:	Title:	Ph #:	
Workers' Compensation			
List your company's Workers' Compensation Experience Modification Rate (EMR) for the (3) most recent years:			
Year:	EMR:	Year:	EMR:
Year:	EMR:	Year:	EMR:
Current insurance agent:			
Attach a letter from your insurance broker verifying EMR for the past 3 years <input type="checkbox"/> attached			
Citations			
Has the company received a citation from any regulatory agency within the past five (5) years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach copies with your responses and corrective actions			
GE's Policy on Human Rights, Worker Welfare, Forced Labor			
Ge requires all of its suppliers and the subcontractors of its suppliers to comply with GE's integrity guidelines. To review GE's Supplier Integrity Guide. Click Here: GE Integrity Guides – GE Supplier Portal			

GE AEROSPACE RESEARCH CONTRACTOR QUALIFICATION FORM

Environmental, Health & Safety Programs & Procedures			
Does your company have a written EHS policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a copy of your companies EHS policy (electronic preferred) along with this form.			
Does your company have a written health & safety program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a Stop Work program/policy statement? <i>The expectation for any employee, contractor, or visitor to initiate a Stop Work situation when and imminent concern for the safety, environment, or property is identified by an employee, contractor, or visitor.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your written health & safety program cover all types of work activities which you will be performing while on a GE Research Project? (If No, please list those programs you do not have):			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a program for Incident Reporting & Investigation including Near Misses?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have all the required environmental, health & safety business permit(s)/license(s)/authorization(s) required to conduct work/services (e.g., NYS asbestos, Rigging, Mobile Crane, Hazmat Transportation)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a copy of Business Permits, Certifications/Licenses/Authorizations/Inspections			
Does your EHS Programs contain the following programs/topics? Identify those topics that your work will fall under.			
Confined Space Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Power Equipment/Forklifts/Aerial Lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lockout/Tagout (LOTO)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scaffolding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Prevention & Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Elevated Work/Fall Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Protective Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cranes & Hoists (Lifting Operations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot Work/Welding Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excavation & Trenching	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand/Power Tools	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bloodborne Pathogens	<input type="checkbox"/> Yes <input type="checkbox"/> No	Compressed Gases	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training			
Does the Company have an EHS training program in place for employees and supervisors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees certified/qualified to operate all machinery and equipment to be used? (crane, forklift, aerial lift, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a copy of your EHS Training Plan (Matrix) that covers each High Risk and Medium Risk work type that you have identified			
Job Safety Analysis			
Has the company assessed all the risks associated with the work/activities performed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are procedures for critical jobs written and reviewed with the employees?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Power Mobile Equipment			
Will you be using forklifts, cranes, aerial lifts, manlifts, scissor lifts or other vehicles on site?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Have your employees been trained on these programs? 			<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • Does your company have a daily inspection/check program? 			<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifting Operations			
Will the site be performing any rigging and/or lifting operations?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Attach all Lift Plans, Operator Licenses, and Equipment Inspections			
Chemical Management			
Will your company be bringing any Hazardous Materials or Chemicals on site?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please attach all Safety Data Sheets (SDS) with this form. *No materials can be brought on site without prior approval			

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Electrical Work		
Will your company be performing work on or near exposed energized components greater than 50 volts (including troubleshooting, testing, diagnostics, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are the employees that you consider qualified completed NFPA 70E training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Does your company issue Arc Rated (AR) clothing program and provide employees with electrical PPE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Does your company provide employees with electrically insulated tools?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lockout/Tagout (LOTO)		
Will your company perform work on systems where hazardous energy will need to be de-energized and/or controlled? GE requires LOTO for 2 or more energy sources (e.g., water, air, gas, electrical, gravity, etc.)? If yes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Does your company have a written LOTO program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are your employees trained in authorized LOTO procedure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are your authorized employees issued locks designated by the employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attach a copy of your training documentation and LOTO program.		
Certification of Qualification Information		
I certify that the above information is correct. I understand that any false information listed on this form could disqualify my company from being approved. I have also enclosed a copy of all requested documentation. My company agrees to follow all applicable regulatory standards while performing work activities a GE Research.		
Signature:	Print Name:	Date:

Certificate of Insurance Information			
Proof of insurance must be provided to EHS before any work can be conducted on site. The limits for the Certificate of Insurance are the following:			
Certificate Holder:	General Electric Company 1 Research Circle, Niskayuna, NY 12309		
	Risk Level	High Risk	Low/Medium Risk
General Liability:	General Aggregate	\$5,000,000	\$1,000,000
	Products- Comps/Ops Aggregate	\$5,000,000	\$1,000,000
	Personal & Advertising Aggregate	\$5,000,000	\$1,000,000
	Each Occurrence	\$5,000,000	\$1,000,000
	Fire Damage	\$50,000	\$50,000
	Medical Expense	\$5,000	\$5,000
Automobile Liability:	Combined Single Limit	\$5,000,000 or	\$1,000,000 or
	Bodily Injury (per person)	\$500,000	\$500,000
	Bodily Injury (per accident)	\$500,000	\$500,000
	Property Damage	\$500,000	\$500,000
Workers' Compensation:	Statutory Limits	List State	List State
	Each Accidents	\$5,000,000	\$500,000
	Disease (Policy Limit)	\$5,000,000	\$500,000
	Disease (Each Employee)	\$5,000,000	\$500,000