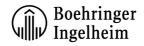
Send

Please use only the "Send" button to submit this form.

Partner Company Safety – EHS** Self-Assessment Questionnaire for Tenders





Dear colleagues,

Boehringer Ingelheim takes the safety of its employees and partner company employees very seriously. We do this by working hand in hand. The questionnaire below helps us to gain an overview of your safety culture. Please complete the questionnaire and send it by email to the preset address by clicking on "Send." You also have the option of adding other addresses. The information you provide will be treated with the utmost confidentiality and will be used for internal purposes only.

If you have questions, our colleagues in Occupational Safety will be happy to assist you:
Peter Hammann (phone no.: +49 (6132) 77-6611, email: peter.hammann@boehringer-ingelheim.com)
Florian Hofmann (phone no.: +49 (7351) 54-4129, email: florian.hofmann@boehringer-ingelheim.com, fax: +49 (7351) 3-4129)

If you have already completed this questionnaire within the last year, you do not need to fill it out again until the end of this year.

**EHS - Environment, Health, Safety

or this year.			**EHS - Environment, F	lealth, Safety	
Fields marked with an	asterisk (*) are manda	atory.			
Contact person at	Boehringer Ingell	heim			
Boehringer Ingelh	eim Pharma Gmb	oH & Co. KG			
Last name, first r	name*				
Location*					
Phone no.*					
Project description	/ tender / guery:				
1 Tojest description	i / teriaer / query.			1	
General informati	on about your cor	mpany			
Company*	Any Company	Inc.			
Your name*	Sam Sample				
Address*	Any Street 1	0 12345 Any City			
Website*	www.anycompa	ny.com			
Phone no.*	+00 (0)1234	567890			
Email*	anycompany@a:	nyweb.com			
Brief description o	f professional role	e/type of work:			
Responsible cont	act person at you	r company/plant			
Name					
Address					
Phone no.					
Email					
Number of employ	yees				
at the company	r:				
Planned employe	es at the BI const	ruction, assembly or work sit	e:		
Do you use subco	ontractors? (If yes, ho	w many and number of employees)	○ Yes ○ No		
Do you evaluate t	he EHS practices	of subcontractors before ass	signing them?	○ Yes	○ No
Is there an in-hou	se or commission	ned occupational safety office	r at your company?		
					Yes No
				'	0 0

Partner Company Safety – EHS** Self-Assessment Questionnaire for Tenders



	Yes	No
Are there always adequately trained first-aiders at the planned work site?	0	0
Are there the required number of employees at your company who are trained in using fire extinguishers?	C	0
Was your company accident-free in the past 12 months (reportable accidents)?	\circ	\circ
Are measures that result from accident investigations, walk-throughs/inspections, audits or risk/hazard observations reviewed and communicated at your company?	0	0
Do you engage contractors in your occupational health and safety issues / orientation procedures / environmental protection issues?	O	0
Do your employees receive training before being assigned to work?	0	0
Are there risk/hazard assessments in place for every workplace task?	0	0
Do supervisors/managers regularly ensure that correct practices for occupational health and safety/environmental protection are adhered to in work areas?	0	0
If applicable: Are your employees who operate forklifts, cranes, elevating work platforms and similar equipment qualified, instructed and assigned as required by law?	O	0
Do employees have sufficient German-language skills to understand instructions and convey them to others in the relevant local language?	O	0
Are assessments of environmental risks and hazards conducted, documented and maintained at your company?	0	0
Are measures taken to ensure that work equipment/PPE/materials conform with local laws and regulations?	0	0
Do you have and use ASi/environmental management/energy management systems? (If yes, what type? Valid until?)	0	0

This survey concerns legal and trade association rules. By signing this form, the respondent agrees that the information provided is correct.

Note: Upon request, the respondent must provide verification that the responses above are accurate.

City / Date

Name / Signature

Privacy policy:

We hereby advise you that your personal data (name, company address, photograph, telephone number) and information on the process itself (arrival and departure times, comments regarding incidents and supervisors) will be used for internal purposes only and within the lawful scope of the German Federal Data Protection Act. We hereby expressly inform you of your legal rights with regard to the reporting, deletion and blocking of information in accordance with the Federal Data Protection Act. In cases of doubt, please contact our Data Protection Officer at +49 (6132) 77-95608 or by email at timo.ahland@boehringer-ingelheim.com.

Declaration of consent:

"I hereby consent to the storage of my personal data for the purpose of safety training for partner companies. This data includes my name, photograph, company address, telephone number, arrival and departure times, notes on incidents, and data about supervisors in order to ensure implementation of the safety training for partner companies. The data provided on this form will be used for this purpose only."

City / Date

Name / Signature

Partner Company Safety – EHS** Self-Assessment Questionnaire for Tenders



If you do not have access to Microsoft Outlook:

1)	Lock the	completed	form by	clicking	the	"Lock"	button.
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2١	Manually send the form to	o the follo	owing email address:	I I A S Partner firmen E H S	Selbstauskunft DF@b	nehringer-ingelheim com
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Lock

Recommendation by Occupational Safety:				
Consultation with partner company needed.				
Satisfactory, no consultation needed.				