



**Pre-Selection Questionnaire for External Contractors:
A0449/01**

Company Name:

Address:

Company Manager:

SIPP: Name of responsible person

SEPP: Address:

Total Number of Employees:

Annual Turnover (€):

Date of last reportable accident:

A brief description of the accident:

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Preventative measures put in place following the accident:

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Number of reportable accidents in the last 2 years

Previous year results:

Number of accidents with an incapacity to work (A)

Number of days lost (C)

Total Number of Hours worked (B)

Frequency rate (T_f) = $A \times 1.000.000/B =$

Actual severity rate (T_s) = $C \times 1.000/B =$

Does the company set annual objectives in relation to HSE? Yes No

If yes, please outlined them for the current year

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Is there a HSE training program for new employees and temporary workers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have your managers, supervisors & general operatives received training in Health, Safety & the Environment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you sub-contract or outsource certain on-site activities to others with at least one member having a good level of French understanding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the nature of your business generate waste? If yes, what is the nature of these wastes? Hazardous? Yes <input type="checkbox"/> No <input type="checkbox"/> Non-hazardous? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have procedures in place to manage waste generated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Remarks / Comments

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Signed by Management

Name: _____

Position: _____

Signature _____

Date: _____

To be returned (within 10 working days), to the Health, Safety & Environmental Department of UCB Pharma SA, Chemin Du Foriest, 1420 Braine-l'Alleud.