



CLOUD PEAK
ENERGY™

Cloud Peak Energy, LLC Company Registration Form

General Instructions

Step 1 – Account Activation

The two items listed below must be completed before Browz can display your company's information to your Client. Your assigned Supplier Account Agent can help you complete the following items:

- **Supplier Registration Agreement** – Please sign and submit an unaltered copy of the Registration agreement (pages 2-3) to Browz.
- **Annual Subscription Fee** - An annual subscription fee of up to \$595.00 must be paid to Browz

Step 2 – Data Collection

Upon completion of the Account Activation you will be required to submit specific data about your company. Your assigned Supplier Compliance Agent will guide you through the process of completing this form, collecting the required data, and submitting it to Browz.



Throughout this document the 'Stop Sign Icon & Brackets' will indicate when a question or section must be completed. The information you provide will be used to assess your company's compliance against your Client's compliance requirements.

Allow a minimum of five business days from the date Browz receives your information to process all completed forms and associated documents.

Website: www.browz.com
E-mail: processing@browz.com
Toll Free: (888) BROWZ-LC
(888) 276-9952
Fax: (801) 619-6050

Return Browz, LLC
Address: 13997 S. Minuteman Dr.
 Suite 150
 Draper, Utah 84020



Supplier Registration Agreement to Participate in the Browz Supply Chain Verification Service (Page 1 of 2)

Sign and return Company Registration Form with all required documentation to Browz, LLC.

This Agreement between Browz, LLC, a Utah limited liability company, and the undersigned ("Company") sets forth the terms and conditions of Company's participation as a supplier in the Browz Supply Chain Verification Service (the "Service").

The Service facilitates the limited sharing of certain business information with Company's approved customers to help those Customers rely on Company's qualifications and compliance and to provide those Customers and Company with the efficiencies available from certain technology. Company shall approve or reject each customer before it becomes a "Customer". "Customers" means those customers which Company has approved to obtain or receive its Information through the Service. This Agreement shall not require Company to provide any information to Browz.

Company grants Browz the right, without charge to Browz, to collect, verify, compile, organize and analyze information relating to Company (in raw or processed form, the "Information") and generate, use and distribute the Information, subject to the limitations set forth in this Agreement.

Browz may use, distribute and share Information provided by Company to Browz only in connection with the following purposes.

1. To communicate with Company using Company's contact information.
2. To obtain and verify Information.
3. To disclose to Customers as part of the Service.
4. To be included in a services registry to assist those using the Service in identifying and contacting prospective suppliers, contractors and vendors, provided that Company shall consent to be included.
5. To operate the Service and to offer other services to Company (for example, a service to help Company meet a Customer's policy). Browz relies on third parties to provide and support some of its business operations and services, including credit card processors, call centers, reviewers, auditors and attorneys. Browz requires those with whom it may share Confidential Information (defined below) to agree to similarly protect that Confidential Information.
6. To aggregate information - for example, to create and publish industry safety statistics.
7. To respond to subpoenas, court orders or legal process; to protect Browz's rights in lawsuits with third parties or, as applicable, Company; to prevent harm to any person; or as otherwise required by law or governmental order.
8. To protect Browz's rights, such as if Browz finds that Company's actions constitute improper use of the Browz web site or the Service or violate this Agreement.

Notwithstanding anything to the contrary in this Agreement, Browz may distribute Company's Confidential Information only: (a) to Customers, (b) as part of its business operations to operate the Service or (c) for a purpose specified in item 7 above, in which case Browz will provide Company with such notice as is practicable, by e-mail, fax, telephone, mail or otherwise as Browz shall reasonably determine to be appropriate, as soon in advance of any such actual disclosure referred to in item 7 as is reasonably practicable and appropriate under the circumstances and if legally possible. "Confidential Information" is material confidential and proprietary Information (which may include future business plans and strategies, customer lists and data, technical data, technology, designs, drawings and financial information) provided to Browz by Company in accordance with this Agreement (or a prior supplier registration agreement between the parties) and identified in writing (within 10 days of being provided) by Company to Browz as "confidential" and not otherwise independently available, developed or ascertainable from public or non-public third-party sources. Browz acknowledges that Company will be irreparably harmed if Confidential Information is distributed in breach of this paragraph, and that Company would not have an adequate remedy at law in the event of such an actual or threatened breach by Browz. Therefore, Browz agrees that Company shall be entitled to seek injunctive relief against any actual or threatened breaches of this paragraph by Browz without the necessity of Company showing actual damages or showing that monetary damages would not afford an adequate remedy.

The Service includes Information obtained by Browz from third-party sources, including under license from third-party licensors. Such third-party sources may include, but are not limited to, the Bureau of Labor Statistics of the U.S. Department of Labor, OSHA, NCCI (National Council on Compensation Insurance), State workers' compensation boards, Dun & Bradstreet, West Group (Westlaw[®]), ChoicePoint and LexisNexis. Licensed data is subject to restrictions, licenses, limitations of liability and warranties from the licensor. Company agrees that its use of any licensed data available from the Service is subject to the then-current Terms of Use for such licensed data on the Browz web site. BROWZ SHALL INCUR NO LIABILITY AS A RESULT OF OR DERIVED FROM ANY LICENSED DATA OR ANY ACTION OR INFORMATION SUPPLIED BY ANY SUCH THIRD PARTY, INCLUDING ANY GOVERNMENT AGENCY OR THIRD-PARTY LICENSOR.

Company represents and warrants that the Information submitted (and which may be submitted in the future) by or on behalf of Company to Browz, which includes statements and documents and may include personal information, is and shall be accurate, up-to-date, complete and submitted in compliance with privacy and other applicable laws, and does not and shall not infringe any rights relating to personal privacy or publicity under the laws of the European Union or elsewhere. Company agrees to indemnify, defend and hold harmless Browz from any and all losses, claims, damages, liabilities and expenses, including reasonable attorneys' fees, arising out of or relating to any fraud by Company or violation by Company of any law or governmental rule or regulation or right of any entity or individual arising thereunder.

Supplier Registration Agreement to Participate in the Browz Supply Chain Verification Service (Page 2 of 2)

BROWZ DISCLAIMS ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED, WRITTEN OR ORAL (INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE), WITH RESPECT TO THE SERVICE OR OTHERWISE UNDER THIS AGREEMENT. COMPANY ACKNOWLEDGES THAT BROWZ MAKES NO REPRESENTATION OR WARRANTY THAT ANY CUSTOMER OR BROWZ CLIENT WILL APPROVE COMPANY AS A SUPPLIER OR POTENTIAL SUPPLIER, NOR AS TO ANY FUTURE ACTION OR REQUIREMENT OF ANY CUSTOMER OR BROWZ CLIENT.

IN NO EVENT SHALL BROWZ BE LIABLE TO COMPANY FOR SPECIAL, INCIDENTAL, CONSEQUENTIAL, PUNITIVE, MULTIPLE OR OTHER INDIRECT DAMAGES, OR FOR LOSS OF PROFITS, LOSS OF DATA OR LOSS OF USE DAMAGES, ARISING OUT OF THE SERVICE OR OTHERWISE UNDER THIS AGREEMENT, WHETHER BASED UPON WARRANTY, CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE, EVEN IF BROWZ HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES OR LOSSES

ANY BROWZ LIABILITY ARISING OUT OF THE SERVICE OR OTHERWISE UNDER THIS AGREEMENT, WHETHER BASED UPON WARRANTY, CONTRACT, TORT, STRICT LIABILITY OR OTHERWISE, SHALL IN NO EVENT EXCEED THE AMOUNT PAID BY COMPANY TO BROWZ DURING THE MOST RECENT 12-MONTH PERIOD UNDER THIS AGREEMENT.

Some jurisdictions do not allow limitations on implied warranties, the exclusion or limitation of special, incidental, consequential, indirect or exemplary damages, or the limitation of liability to specified amounts, so the above limitations and exclusions may not apply to Company.

This Agreement shall be deemed accepted by Company upon execution by Company or Company's electronic acceptance, and such acceptance is limited to the terms of this Agreement in the form presented to Company by Browz and excluding any modifications hereto made by Company and not accepted by Browz in writing. This Agreement, when so accepted by Company, constitutes the entire agreement of the parties with respect to the subject matter and supersedes any oral negotiations and prior writings with respect to the subject matter, including with respect to confidential or proprietary information and including all prior supplier registration agreements relating to the Service. Except as otherwise provided in this paragraph, no term or provision of this Agreement may be modified, amended or waived without the signed written agreement of both Company and Browz. Company's participation in the Service is subject to payment to Browz of all applicable fees.

This Agreement shall continue in effect until terminated by written notice from either party, provided that there shall be no refunds. All provisions in this paragraph, and all provisions in this Agreement relating to Confidential Information, representations, warranties, disclaimers, limitations of and exclusions from liability, and indemnification, shall survive termination of this Agreement. Should any provision hereof for any reason be declared invalid or unenforceable, the remaining portions of this Agreement shall remain in full force and effect. This Agreement shall be governed by, and construed in accordance with, the laws of the State of New York.



Agreed to by: **COMPANY:**

Avani Environmental Intl, Inc

Print Name of Company

Date

12/1/11

North Carolina Corporation

Print entity jurisdiction and type (e.g., a New York corporation or a Utah partnership)

By: Bob Venezia

Authorized Signature

Bob Venezia Project Engineer

Print Name and Title of Person Signing for Company

Browz Registration ID

Return
Address



Browz, LLC
13997 S. Minuteman Dr.
Suite 150
Draper, Utah 84020

Toll Free: (888) BROWZ LLC
(888) 276-9952
Fax: (801) 619-6050



Subscription Payment

This section is provided for credit card and electronic check payment information.

Recurring Billing

Browz utilizes an automated recurring billing program to eliminate a lapse in your Browz registration. The credit card information you provide below will be billed on an annual basis unless you contact Browz and advise them to do otherwise. Browz will send you an annual invoice via our automated system, and will notify you in the event that your credit card is about to expire.

Credit Card Payment

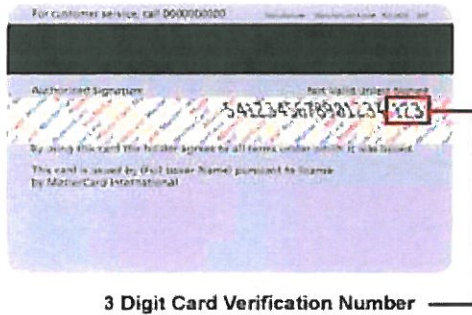
Card Type VISA Master Card American Express Discover

Card Number (no spaces or punctuation) Dollar Amount (US) Expiration (MM YY) CVV/CVC Code*

Name as it appears on card

Signature as it appears on card

Date



BROWZ Company Registration

Fill out your company's general information on this page. If you are outside the USA, include your country code in all phone numbers. Note: If there are not enough spaces on the form for the business name or any other requested information, please print that information on a separate page. On the separate page, please include the section title (example: Company) and the label above the spaces (Example: Site Name) and then print the full information.



Examples Example of printing legibly Century Suppliers Example of choice boxes
Yes No n/a

Company Information

Your organization's legal name is:

AVAMI ENVIRONMENTAL INTERNATIONAL INC.

What is your organization's preferred name?

AVAMI ENVIRONMENTAL

Select your organization's legal structure: Corporation Partnership Sole Proprietorship LLC/LC Nonprofit
 Government Agency Tax Exempt Agency

Site Type: Headquarters Regional/Branch Subsidiary

If your organization has a DBA ("Doing Business As") name, enter it below:

Organization Address:

95 CYPRESS DRIVE

City: YOUNGSVILLE State: NC Zip Code: 27596

In what year (yyyy) was your organization established? 2006

Market Your Products or Services Through Browz

Check "Yes" if you would like to be included in a services registry to allow prospective customers seeking pre-qualified contractors or suppliers to see limited identifying information about your Organization, such as your organization's name, contact information, industry classification, and minority and women business status. This may result in additional bidding opportunities for your Organization. Yes No

Contact Information



Phone Number (no hyphens or punctuation, include country code if outside USA) 9195702862 Fax Number

Toll Free Number

Web Site Address (Leave off http://www. prefix.) AVAMIENVIRONMENTAL.COM

Government Identifier (FEIN, GST, TIN, etc):



Industry Specify your company's primary and secondary business classification industry code. You may use a value from the NAICS (North American Industry Classification System). See <http://www.osha.gov/oshstats/sicser.html> or <http://www.census.gov/eprd/www/naics.html>, or from UNSPSC (Universal Standard Products & Services Classification) see <http://www.unspsc.org>.

NAICS

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 UNSPSC

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Products and Services

Please list briefly products and services your company provides. List up to ten items. This list is requested to provide further detail beyond the SIC, NAICS, and UNSPSC Industry Codes, and will enable Browz clients to search and find your organization's products and services.

Product or Service #1
DUST COLLECTORS

Years Providing this Service

Product or Service #2
MIST COLLECTORS

Years Providing this Service

Product or Service #3
PIPING AND FABRICATION

Years Providing this Service

Product or Service #4
INSTALLATION SERVICES

Years Providing this Service

Product or Service #5

Years Providing this Service



Contacts

Tell us who we should contact at your company concerning this information. IN addition, for each contact list the types of notifications that would be applicable and the method of contact. E-mail is our preferred method of contacting you concerning problems, announcements, and expiration notices. Do not list an e-mail address for someone who should not be given access to information submitted to Browz. **Specify one contact as the primary contact by placing a check (✓) next to Primary Contact.**

Contact 1: First Name Last Name (Surname)

Phone Number (no hyphens or punctuation) Extension Mobile Primary Contact (✓)

Position or Job Title

E-mail Address

Contact Notification Settings: Indicate the number of notifications that this contact should receive and the number of days prior to or after an expiration event that this contact should be notified (if left blank, the default will be 3 notifications at 10 days prior, the day or expiration, and 5 days after expiration):

Pre Notification #1 # of days prior Pre Notification #2 # of days prior Pre Notification #3

Post Notification #1 # of days after Post Notification #2 # of days after

Contact 1: First Name Last Name (Surname)

Phone Number (no hyphens or punctuation) Extension Mobile Primary Contact (✓)

Position or Job Title

E-mail Address

Contact Notification Settings: Indicate the number of notifications that this contact should receive and the number of days prior to or after an expiration event that this contact should be notified (if left blank, the default will be 3 notifications at 10 days prior, the day or expiration, and 5 days after expiration):

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Pre Notification #1 # of days prior Pre Notification #2 # of days prior Pre Notification #3

Post Notification #1 # of days after Post Notification #2 # of days after



EHS Practices

Use this section to identify the types of programs and policies related to Environmental, Health, and Safety. Due to the many ways in which program terms are interchanged, please use the individual questions to define the program that best applies to your organization. For example, if your program is a "Health and Safety" Program, select yes to "Health Program" and yes to "Safety Program." If your program is an "Environmental, Health, and Safety" or a "Health, Safety, and Environmental" Program, select "yes" to "Environmental Program," "Health Program," and "Safety Program."

Environmental

Does your company have a formal written Environmental Policy?

Yes No

Does your company have a formal written Environmental Program?

Does your company have a formal written Environmental Management System?

Health

Does your company have a formal written Health Policy?

Yes No

Does your company have a formal written Health Program?

Does your company have a formal written Health Management System?

Safety

Does your company have a formal written Safety Policy?

Yes No

Does your company have a formal written Safety Program?

Does your company have a formal written Safety Management System?

If Yes to any of the above questions:

Does your company have or provide a safety/health incentive program?

Yes No

Does your company have or provide paid safety/health training?

EHS Program

Mark below all topics and procedures in your company's EHS program. Indicate the section in which each item is located (New Employee Orientation, EHS Employee Training, Foreman/Supervisor Training and EHS Procedures). Please leave boxes blank that are not applicable (n/a). Only mark in those that apply.

If this section is not applicable, check "n/a." n/a

| | New Employee Orientation | EHS Employee Training | Foreman/Supervisor Training | EHS Procedures | | New Employee Orientation | EHS Employee Training | Foreman/Supervisor Training | EHS Procedures |
|--|--------------------------|--------------------------|-----------------------------|--------------------------|---|--------------------------|--------------------------|-----------------------------|--------------------------|
| Access/Egress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heat Stress Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accident Reporting & Investigation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heavy Equipment Operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Air Quality Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hot Work Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Back Injury Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood-born Pathogens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Business Continuity Planning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Job Hazard Analysis/Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical and Material Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladder Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commercial Motor Vehicle Operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical Management of Work Related Injuries/Illnesses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compressed Gas Cylinders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Confined Space Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CPR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Modified Work Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplinary Action | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Personal Protective Equipment (Full Body) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical Equipment Grounding Assurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recycling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respiratory Protection Including Respirator Use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Protocols | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rigging and Crane Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Response Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safe Work Practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Energy Isolation Procedure (Lock-Out/Tag-Out) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scaffold Builder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental Protection/Practices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scaffold User | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment and Materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scaffolding Procedures (Building) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment Inspection/Maintenance Evaluations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signs, Barricades, Roping, Perimeter Guarding, Flagging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fall Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spill Prevention and Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Protection/Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tool Box Meetings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General NDT and Radiography | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trenching & Excavation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H2S Alive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unsafe Condition Reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazard Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waste Disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazard Recognition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waste Management (Solid and Hazardous) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous Material Transport | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Quality Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous Waste Operations and Emergency Response (HAZWOPER) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WHMIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | Waste Recycling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | Work Zone Safety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Equipment and Materials

Do you have a system for establishing applicable HSE specifications for acquisition of materials and equipment?

Yes No

Do you conduct inspections on operating equipment (e.g. cranes, forklifts) in compliance with regulatory requirements?

Do you maintain operating equipment in compliance with regulatory requirements?

Do you maintain the applicable inspection and maintenance certification records for operating equipment?

Evaluations

Does

Does management and employee performance evaluations include Environmental - Health - Safety performance?

Yes No

Does your organization have a work practice audit (behavioral) program?

Do your employees read, write, and understand English such that they can perform their job tasks safely without an interpreter?

What level of management in your company receives field safety reports?

Heavy Equipment Operation

Does your organization currently have procedures that govern the operation, training, and certification with respect to fork trucks, cranes, and heavy equipment?

Yes No

Do operators of fork trucks, cranes, and heavy equipment have the required medical clearance and training certificates?

Inspections

Does your organization conduct equipment inspections that meet applicable government requirements?

Yes No

Does your organization conduct Environmental - Health - Safety inspections for physical conditions?

Mark the frequency that your organization conducts Environmental - Health - Safety project inspections:

Daily Weekly Biweekly Monthly Quarterly Semiannually Annually

Does your company have a workplace inspection form? If yes, please provide the document.

Does your organization have a written program for following up on corrective actions that assign responsibilities for the completion of deficiencies?

Medical Procedures

Does your company have written programs for the following:

Yes No

Hearing Conservation

Respiratory Protection

Do you have personnel trained to perform first aid and CPR?

Describe how you will provide first aid and other medical services for your employees while on site:

Do you perform medical examinations for:

Yes No

Pre-Placement

Pre-Placement Job Capability

Hearing Function (Audiograms)

Pulmonary

Respiratory?

Meetings

Mark the frequency that your organization conducts and documents field Environmental – Health – Safety meetings

Daily Weekly Biweekly Monthly Quarterly Semiannually Annually

Mark the frequency that your company conducts and documents office safety meetings.

Daily Weekly Biweekly Monthly Quarterly Semiannually Annually

Select all groups for which your organization conducts site Environmental – Health - Safety meetings.

Contractor Employees Field Supervisors Subcontractors Crew/Team

Do you have a training outline for all levels of employees? If so, please attach the training outline including a sample record

Yes No

Personal Protective Equipment

Select the types of personal protective equipment used Head Eye Face Body Hand Foot

Is applicable PPE provided for employees? Yes No

Do you have a program to ensure that PPE is inspected and maintained? Yes No

Respiratory Protection

Does your organization require employees to use respiratory equipment? Yes No

Have employees been medically approved for respiratory protection? Yes No

Have employees been fit tested for respiratory equipment? Yes No

Have employees been trained in the use of respiratory protection equipment? Yes No

Training

How often does your organization conduct refresher training?

Weekly Biweekly Monthly Quarterly Semiannually Annually

Do you require on-site supervision to have OSHA 30-Hour Training Course? Yes No

Do you have certified trainers? Yes No

Hazard Communication

Does your organization have a Hazard Communication Program? Yes No

Personnel

Has your company and/or any of its officers been convicted of any violation of any federal or state occupational health or safety laws?

Yes No

Indicate the existence of any of the following personnel responsible for Environmental – Health – Safety policies or programs:

- Key EHS Personnel Who Support EHS Programs
- High-level Corporate Officer(s) Responsible for EHS Compliance
- Front-line Supervisors Trained to Oversee and Administer the EHS Program
- Safety Committee or EHS Committee
- On-site supervisors to ensure compliance with safety regulations
- Management of subcontractors to ensure compliance with safety regulations

List up to three people designated as key EHS personnel, preferably one representative from each position type.

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Position Type: (Check all that apply.) | Environmental | Health | Safety | Other (please list) | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Name | <input type="text"/> | | | | |
| Phone Number (no hyphens or punctuation) | <input type="text"/> | | Extension | <input type="text"/> | |
| Position or Title | <input type="text"/> | | | | |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Position Type: (Check all that apply.) | Environmental | Health | Safety | Other (please list) | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Name | <input type="text"/> | | | | |
| Phone Number (no hyphens or punctuation) | <input type="text"/> | | Extension | <input type="text"/> | |
| Position or Title | <input type="text"/> | | | | |

| | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Position Type: (Check all that apply.) | Environmental | Health | Safety | Other (please list) | |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Name | <input type="text"/> | | | | |
| Phone Number (no hyphens or punctuation) | <input type="text"/> | | Extension | <input type="text"/> | |
| Position or Title | <input type="text"/> | | | | |

System Registrations

Check all EHS System Registrations or Certifications that apply to your company. Please include the name of the registrar or agency and enter the expiration date, if any.

If this section is not applicable, check "n/a." n/a

| | | | | |
|--|---|----------------------|------------------------------|----------------------|
| <input type="radio"/> <u>OSHA VPP</u> | Name of registrar or certifying agency: | <input type="text"/> | Expiration Date (MM DD YYYY) | <input type="text"/> |
| <input type="radio"/> <u>ISO14001:2000</u> | Name of registrar or certifying agency: | <input type="text"/> | Expiration Date (MM DD YYYY) | <input type="text"/> |
| <input type="radio"/> <u>OHSAS 18001</u> | Name of registrar or certifying agency: | <input type="text"/> | Expiration Date (MM DD YYYY) | <input type="text"/> |
| <input type="radio"/> <u>Other</u> | If Other is checked, please identify: | <input type="text"/> | | |
| | Name of registrar or certifying agency: | <input type="text"/> | Expiration Date (MM DD YYYY) | <input type="text"/> |

Safety & Loss Audits

Do you conduct Safety and Loss Prevention Program audits?

Yes No

Frequency of audits by qualified Safety Practitioner:

Weekly Biweekly Monthly Quarterly Semiannually Annually

Are corrections of deficiencies documented?

Yes No



Safe and Secure Workplace

Does your company perform criminal or other background screening on all employees and contractors? If so, provide the document

Yes No

Does your company have a method of screening prospective employees for Health and Safety Awareness?

Yes No

Does your company have a substance abuse testing program for all employees and contractors? If so, provide the document

Yes No

Does your substance abuse program contain DOT testing?

Yes No

If not, is your company currently participating in Drug & Alcohol Testing Program(s) with other companies?

Yes No

Mark each occurrence in which your organization conducts substance abuse testing.

Pre-employment Pre-Assignment Random For Cause Post Accident Not at All

Mark each occurrence in which your organization conducts alcohol abuse testing

Pre-employment Pre-Assignment Random For Cause Post Accident Not at All

Name of Testing Company use (Put Internal if conducted in-house):

Urgent Care

If this section is not applicable to your business, please explain why below:



Employees and Work Hours

List your company's total employees and total hours worked by all employees, including management, starting with the last full 3 years.

| | | | |
|--------------|----------------------|----------------------|----------------------|
| | Year: 20__ | Year: 20__ | Year: 20__ |
| Employees | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Hours Worked | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Accident/Incident History

Report your company's accidents and incidents for the last three full years, or the last full years your company has been in business. Even if your company is exempt from recording accidents/incidents per OSHA 29 CFR Part 1904 you are still required to report ACTUAL experience.

Refer to http://www.osha.gov/pls/oshaweb/owadis.show_document?p_table=DIRECTIVES&p_id=3205 for more information about U.S. Department of Labor accident and incident reporting law.

OSHA Reported Accident/Incident History (Use this section even if not required per OSHA)

| | OSHA Log Location | Year: 20__ | Year: 20__ | Year: 20__ |
|--------------------------|-------------------|----------------------|----------------------|----------------------|
| Fatality Cases | ("G" on 300 log) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Lost Workday Cases | ("H" on 300 log) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Restricted Workday Cases | ("I" on 300 log) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Recordable Cases | ("J" on 300 log) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

MSHA Reported Accident/Incident History Do not include any incidents reported in the OSHA Section above.

| | Year: 20__ | Year: 20__ | Year: 20__ |
|--------------------------|----------------------|----------------------|----------------------|
| Fatality Cases | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Lost Workday Cases | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Restricted Workday Cases | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other Recordable Cases | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Government Issued Citations/Violations

Total your citations/violations from OSHA or MSHA for each of the last 3 years.

| | Year: 20__ | Year: 20__ | Year: 20__ |
|---------------------------|----------------------|----------------------|----------------------|
| OSHA Citations/Violations | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MSHA Citations/Violations | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please indicate at which level the data pertains that is submitted in the following sections for Accident History, EMR, Citations/Violations, etc.

Corporate Local/Regional

Experience Modification Rate (EMR)

Please list your Experience Modification Rates (EMR) for each year. EMRs are obtained from your workers compensation insurance carrier or ordered on the Internet at www.ncci.com. Because EMRs do not become effective based on a calendar year, provide 4 years of values and the effective (start) date for each. If applicable, answer the questions provided if your company does not have an EMR.



Interstate EMR

| | EMR | Effective Date (MM DD YYYY) | |
|-----------------|---|---|---|
| Present year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Last Year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Two Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Three Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |

Intrastate EMR

Same as Interstate

| | EMR | Effective Date (MM DD YYYY) | |
|-----------------|---|---|---|
| Present year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Last Year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Two Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Three Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |

Monopolistic EMR

Same as Interstate

| | EMR | Effective Date (MM DD YYYY) | |
|-----------------|---|---|---|
| Present year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Last Year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Two Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Three Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |

Dual Rate EMR

Same as Interstate

| | EMR | Effective Date (MM DD YYYY) | |
|-----------------|---|---|---|
| Present year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Last Year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Two Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Three Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |

Local Office Performing Work EMR

Same as Interstate

| | EMR | Effective Date (MM DD YYYY) | |
|-----------------|---|---|---|
| Present year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Last Year | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Two Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |
| Three Years Ago | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | No EMR for this year <input type="checkbox"/> |

If your company does not have an EMR for any of the above years, provide a written explanation as to why your company does not have one. Use this space provided or include a letter on company letterhead.

MSHA Practices

Enter your organization's MSHA ID (omit hyphen):

Does your company have an approved MSHA training program and instructors?

| Yes | No | n/a |
|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

Does your company outsource the training function?

| | | |
|----------------------------------|-----------------------|-----------------------|
| <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|----------------------------------|-----------------------|-----------------------|

If yes, list the name of the trainer who conducts training

Trainer

Does your company have an MSHA HAZCOM Program?

| | | |
|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
|-----------------------|-----------------------|----------------------------------|

If yes, provide the last revision date. (MM DD YYYY)

If yes, are all employees trained in the MSHA HAZCOM Program?

| | | |
|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
|-----------------------|-----------------------|----------------------------------|

Does your company have an MSHA approved Work Area Inspection Log Book?

| | | |
|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
|-----------------------|-----------------------|----------------------------------|

Have all site specific hazard training forms been completed?

| | | |
|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
|-----------------------|-----------------------|----------------------------------|

Does your company have a part 62 hearing conservation program?

| | | |
|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|

How many projects has your company completed on the MSHA regulated mine property in the last year?

| |
|--------------------------------|
| <input type="text" value="0"/> |
|--------------------------------|

Do you document pre-operation inspection of all mobile equipment?

| | | |
|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
|-----------------------|-----------------------|----------------------------------|

Is there a trained/certified First-Aid person for each shift?

| | | |
|-----------------------|-----------------------|----------------------------------|
| <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
|-----------------------|-----------------------|----------------------------------|

Quality System Registrations

Check all Quality System Registrations or Certifications that apply to your company. Please include the name of the registrar or certifying agency and enter the expiration date, if any.

If this section is not applicable, check "n/a." n/a

ISO9001:2000 Name of registrar or certifying agency:
 Expiration Date (MM DD YYYY)

AS9000 Name of registrar or certifying agency:
 Expiration Date (MM DD YYYY)

TL9000 Name of registrar or certifying agency:
 Expiration Date (MM DD YYYY)

TS16949 Name of registrar or certifying agency:
 Expiration Date (MM DD YYYY)

CMMI Name of registrar or certifying agency:
 Expiration Date (MM DD YYYY)

Other If Other is checked, please identify
 Name of registrar or certifying agency:
 Expiration Date (MM DD YYYY)

Legal

Please print or type clearly in the text boxes below.

Is your company a party to any judgments, claims, or lawsuits pending or outstanding? If yes, please explain below. Yes No

Is your company involved in any bankruptcy or reorganization proceedings? If yes, please explain below. Yes No

References/Contracts

Enter up to two of your company's largest jobs, or up to two of your largest customers, clients, or contracts

If this section is not applicable, check "n/a." n/a

Job 1: Reference Company Name
Address
 Functioned as Prime Contractor
 Functioned as Subcontractor

Contract Number

Contact: First Name Last Name (Surname)

Phone Number (no hyphens or punctuation) Extension

Fax Number (no hyphens or punctuation) Start Date (MM DD YYYY)

Value of Work Performed by Your Own Forces (US \$) Total Value of Project or Contract (US \$) End Date (MM DD YYYY)

Job 2: Reference Company Name
Address
 Functioned as Prime Contractor
 Functioned as Subcontractor

Contract Number

Contact: First Name Last Name (Surname)

Phone Number (no hyphens or punctuation) Extension

Fax Number (no hyphens or punctuation) Start Date (MM DD YYYY)

Value of Work Performed by Your Own Forces (US \$) Total Value of Project or Contract (US \$) End Date (MM DD YYYY)

Enter up to three credit references

Credit Reference 1: Reference Company Name
Address
Contact: First Name Last Name (Surname)

Phone Number (no hyphens or punctuation, include country code if outside USA) Fax Number

Subcontractors

Answer the following questions regarding subcontractors.

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| Do you hire subcontractors? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do you evaluate the following criteria to pre-qualify subcontractors? | | |
| OSHA Injury Rates | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OSHA Citations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| EMR | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Safety Program | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you use HSE performance criteria in selection of subcontractors? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you evaluate the ability of subcontractors to comply with applicable HSE requirements as part of the selection process? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do your subcontractors have a written HSE management program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Do you include your subcontractors in: | | |
| HSE Orientation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| HSE Meetings | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Inspections | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Audit | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Assisting Your Customers by Participating in the Browz Supply Chain Verification Service

By participating in the Browz Service, you are assisting your current customers and, if you wish, helping prospective customers select you as a new supplier to them. Browz is in the business of helping companies such as yours comply with the contract selection and compliance requirements of your current and potential customers. Browz provides its Service by gathering information from your Company and various commercial and governmental sources available to the public such as reporting agencies and information services. Browz uses the information to verify information submitted to Browz by your Company and to provide selected information to your customers and prospective customers approved by you. Those customers have specifically requested this selected information.

Your Company must agree to the Supplier Registration Agreement to become a supplier whose information may be verified by the Browz Service, as requested by at least one of your customers. This agreement is in writing to provide Browz with the right to provide the Browz Service for your Company and cannot be changed. No changes made by you will be valid.

If you have any further questions, please call us at 888-276-9952 or e-mail us at operations@browz.com.