

Exhibit "E"
Contractor Bidding Qualification Form
WOODLAND PULP, LLC and ST. CROIX TISSUE, INC.
Woodland Mill

Company
Name

Address

Owner/Manager

Phone

Completed By

Fax

Contractor safety approval is required annually.

Each contractor is required to attend a one-hour Contractor Safety Orientation before being allowed entry into the Mill. Orientations are given at 7:00 a.m. Monday through Friday in the Administration Building in the **Safety Department, 1st Floor**. No appointment is necessary, however, for larger groups, advance notice is appreciated.

Please complete this form and return it with the required safety information as indicated. This material will be evaluated prior to a Contractor being awarded a bid or issued a contract.

Contractor Statistics – Chart 1

Description	2014	2015	2016	2017
Number of Employees				
Total Man Hours Worked				
Experience Modification Rate				
**OSHA Incident Rate (OIR)				
Lost Workday Rate				
OSHA 200 Log (Include log for all years requested)				
Total OSHA Recordable cases				
Any Fatalities (include written explanation on separate sheet)				
Total number Cases (Including First Aids)				
Total Regulatory Citations (This State Only)				
Number of Outstanding Citations				
Type and Status of Each (Include separate sheet)				

Chart 1 – This chart must be filled out and returned with copies of any documentation requested, See pg. 2, Items 1, 2, 6 & 8.

**OIR is calculated by:
$$\frac{\# \text{ of OSHA recordable cases } \times 200,000}{\# \text{ Man-hours worked per year}}$$

Any contractor with an OSHA Incident Rate (OIR) over 15, the contractor must provide the following in order to perform work at the Pulp and Bleached Board Division of WOODLAND PULP LLC Industries Inc., located in Woodland, Maine.

1. Regardless of the number of employees, all work must be supervised by a qualified safety person supplied by the Contractor.
2. Each contractor will supply a written program with detailed steps explaining how they will reduce their OIR below 15.
3. Other requirements may need to be met based on an evaluation performed by the safety department upon safety approval.

If any Contractor continues to have an OIR over 15 for two concurrent years, they will be placed on probation. The Contractor will be required to meet with the Safety Director to discuss and ensure that they are taking the appropriate steps to reduce their OIR to the acceptable limit, before they are awarded any future work at the facility.

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APM-171 (Appendix A)

Description	Yes	No	Copy
1. Management Safety Policy Statement?			X
2. Written Safe Work Procedures?			X
Do they cover safe work practices required by regulations?			
3. Written Basic Safety Rules			X
Is it distributed to all employees?			
4. Established Emergency Response Procedure			X
5. Written Accident Reporting Procedures			X
Does it require a supervisor to investigate all incidents?			
Does it require a written report?			
6. New Employee Orientation			
7. Formal Safety Meetings (How Often _____?)			
8. Safety Training for all Employees			
Is training regularly scheduled?			
Are records kept, attendees identified, and dated?			<i>Sample</i>
Is testing done to verify understanding by employees?			<i>Sample</i>
<i>If the above is "no", a letter must accompany certifying Under standing by employees.</i>			
Which of the following does safety training include?			
Asbestos Training			
Bloodborne Pathogens			
Confined Space Entry			
Crane Operator Certification			
Electrical Safety			
Excavation, Shoring, Trenching			
Fall Protection			
First Aid and CPR? <i>Circle:</i> All Some Supervisors Only			
Fork Lift Operator Certification			
Hazard Communication			
Hearing Conservation/Protection			
Lockout/Tagout			
Respiratory Protection – including escape respirators			
Scaffolding Competent Person Certification			
Use of hand-held Fire Extinguishers			
Use of Personal Protective Equipment			
Process Safety Management			
9. Safety Designated Person (OSHA Competent Person)			
Name and Title:			
Is this person a Certified Safety Professional?			
10. Require Jobsite Safety Self-Inspections?			
Frequency of inspections? _____			
Are they documented?			
Is a write up and follow-up required?			
11. Safety Award/Incentive Program?			
12. Is Contractor PSM Qualified?			

I certify that the above information is correct and have enclosed a copy of all documentation requested above.

Date _____ Signature of Company Representative _____