

## SUPPLIER QHSE QUESTIONNAIRE FORM

|                                                            |                        |                          |                              |                              |                              |
|------------------------------------------------------------|------------------------|--------------------------|------------------------------|------------------------------|------------------------------|
| <b>Imenco Management System</b><br>Supply Chain Management | Published:<br>21.03.16 | Rev. Date:<br>21.05.2026 | Prepared by:<br>Ina Øvstedal | Checked by:<br>Gisle Breivik | Approved by:<br>Stian Dirdal |
|------------------------------------------------------------|------------------------|--------------------------|------------------------------|------------------------------|------------------------------|

### Section 1 - Supplier Details

|                             |  |                            |  |
|-----------------------------|--|----------------------------|--|
| Supplier Name:              |  |                            |  |
| Address:                    |  |                            |  |
| City:                       |  | Region/State:              |  |
| Post Code:                  |  | Country:                   |  |
| Phone Number:               |  | Email Address:             |  |
| Website:                    |  |                            |  |
| Products/Services supplied: |  |                            |  |
| Name Head of Company:       |  |                            |  |
| Name of QHSE Rep:           |  |                            |  |
| Job Title:                  |  | Total number of Employees: |  |

### Section 2 - Quality

|                                                                                                                                                             |     |                          |    |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you have a certified Quality Management System?                                                                                                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the system approved by a recognised certification body (e.g. IRQA, BSI etc)?<br><i>If yes, please attach a copy of the accreditation certificates(s)</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|                                                                                                                                                             |     |                          |    |                          |
| Date of initial approval:                                                                                                                                   |     | Expiry Date:             |    |                          |
| Date of initial approval:                                                                                                                                   |     | Expiry Date:             |    |                          |
| <b><i>If yes, go to section 3.    If no, please answer the questions below:</i></b>                                                                         |     |                          |    |                          |
| Is there a Company Quality Manual?                                                                                                                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are there procedures to cover all Quality critical activities?                                                                                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the Quality System reviewed by Management regularly?                                                                                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are personnel employed for the sole purpose of inspection?                                                                                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are all incoming and outgoing Quality critical goods checked?                                                                                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are incoming raw materials traceable?                                                                                                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is there a system for the issue, retrieval and control of quality critical documents?                                                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are all relevant personnel issued with documented work instructions?                                                                                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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## Section 2 - Quality

|                                                                                     |       |                          |    |                          |
|-------------------------------------------------------------------------------------|-------|--------------------------|----|--------------------------|
| Is an inspection status used?                                                       | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are records for performed inspections available?                                    | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is all relevant inspection/test equipment calibrated?                               | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are calibration records available for all relevant equipment?                       | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are internal audits of the quality system carried out?                              | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Date from last internal audit                                                       | Date: |                          |    |                          |
| Are records of all audits maintained?                                               | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are audits/assessments carried out on suppliers?                                    | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are records of suppliers maintained?                                                | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is there a procedure to maintain quality in the packaging and shipment of products? | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is there a training/competency programme for employees?                             | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Are training records maintained?                                                    | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is your company available for third party audit?                                    | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is there a procedure for customer complaints?                                       | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Has the Company mapped internal and external context with risk and opportunities?   | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Has the company mapped relevant interested parties?                                 | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Has your company identified the laws and regulations that apply to your operations? | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Date from last management review                                                    | Date: |                          |    |                          |
|                                                                                     |       |                          |    |                          |
| <b>Does the company have documented processes/procedures for:</b>                   |       |                          |    |                          |
| NCR and corrective actions                                                          | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Address risks and opportunities actions                                             | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Roles and responsibilities                                                          | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Management of change                                                                | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Tender and contract review                                                          | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Selection / evaluation of suppliers                                                 | Yes   | <input type="checkbox"/> | No | <input type="checkbox"/> |

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### Section 2 - Quality

|                                                   |     |                          |    |                          |
|---------------------------------------------------|-----|--------------------------|----|--------------------------|
| Product identification / traceability of products | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------------------------------|-----|--------------------------|----|--------------------------|

### Section 3 - Health & Safety

|                                                   |     |                          |    |                          |
|---------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you have a certified Safety Management System? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                                  |     |                          |    |                          |
|----------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Is the system approved by a recognised certification body (e.g., IRQA, BSI etc)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|----------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

*If yes, please attach a copy of the accreditation certificates(s)*

|                           |  |              |  |
|---------------------------|--|--------------|--|
| Date of initial approval: |  | Expiry Date: |  |
|---------------------------|--|--------------|--|

|                                   |  |                                       |  |
|-----------------------------------|--|---------------------------------------|--|
| Lost Time Incidents last 2 years: |  | Medical Treatment Cases last 2 years: |  |
|-----------------------------------|--|---------------------------------------|--|

|                                                                           |  |
|---------------------------------------------------------------------------|--|
| What is your Total Reportable Incident Rate (TRIR) in the last 12 months? |  |
|---------------------------------------------------------------------------|--|

*If yes, go to section 4. If no, please answer the questions below:*

|                                                             |     |                          |    |                          |
|-------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Have you any formal safety procedures or reference manuals? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-------------------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                                         |     |                          |    |                          |
|-----------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you have a system for investigating and reporting accidents and dangerous incidents? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                                          |     |                          |    |                          |
|------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Has your company identified the hazards associated with the work you normally undertake? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                                                                                                |     |                          |    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you have a formal risk assessment process that identifies hazards, risks and ensures the implementation of the associated control measures? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                                                  |     |                          |    |                          |
|--------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you have a structured system to provide appropriate Health and Safety training for all staff? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                        |     |                          |    |                          |
|------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you monthly communicate Health and Safety performance to all staff? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                                                                                  |     |                          |    |                          |
|----------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you conduct monitoring/internal audits of your Health and Safety arrangements to demonstrate the effectiveness of the system? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|----------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                                                                                      |     |                          |    |                          |
|--------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you have an annual Health and Safety plan that reflects objectives, targets and actions to improve Health and Safety performance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

|                                                                                                                 |     |                          |    |                          |
|-----------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Do you have a current Health, Safety and Environmental Policy Statement?<br><i>If yes, please attach a copy</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|

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### Section 4 – Environment

|                                                                                                                                                              |                      |                          |    |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------|----|--------------------------|
| Do you have a certified Environmental Management System?                                                                                                     | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is the system approved by a recognised certification body (e.g., IRQA, BSI etc)?<br><i>If yes, please attach a copy of the accreditation certificates(s)</i> | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Date of initial approval: <input type="text"/> Expiry Date: <input type="text"/>                                                                             |                      |                          |    |                          |
| <i>If yes, go to section 5. If no, please answer the questions below:</i>                                                                                    |                      |                          |    |                          |
| Does the facility have an environmental policy in place?<br><i>If yes, please attach a copy</i>                                                              | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the facility have environmental performance objectives/targets in place?                                                                                | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have a spill prevention and response plan in place?                                                                                                   | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the company carry out regular substitution of chemicals?                                                                                                | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Has your company identified the risks/aspects related to the environment and taken necessary actions to prevent this?                                        | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does your company have focus on sustainability related to your products and processes?                                                                       | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Has the company established goals related to Environment?                                                                                                    | Yes                  | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If yes, how are these documented and communicated to your employees?                                                                                         | <input type="text"/> |                          |    |                          |

### Section 5 – Corporate Social Responsibility (CSR) and Business Ethics

|                                                                                                                              |     |                          |    |                          |
|------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Does the Company have a Code of Conduct/ CSR and Business Ethics policy or procedure?                                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you communicate CSR / Business Ethics requirements to your suppliers?                                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Is your company affected by the Transparency Act (Åpenhetsloven)? (Norway only)                                              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the company carry out inspections on your subcontractors in accordance with human rights and decent working conditions? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the company follow the OECD guidelines?                                                                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does the company have a documented Human Right Policy?                                                                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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|                                                                                                                   |     |                          |    |                          |
|-------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| Does your company have Anti-corruption guidelines?                                                                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Has your company carried out a due diligence assessment Corporate Social Responsibility?<br>Please attach a copy. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

### Section 6 – Financial Status (Last 3 Years)

|               |  |  |  |
|---------------|--|--|--|
| Year          |  |  |  |
| Turnover      |  |  |  |
| Profit / loss |  |  |  |
| Balance       |  |  |  |
| Equity        |  |  |  |

### Section 7 – Declaration

By signing below, I confirm that I have the authority to sign on behalf of my company, and that all information provided within the Supplier QHSE Questionnaire Form is to the best of my knowledge, true and correct.

|            |  |             |  |       |  |
|------------|--|-------------|--|-------|--|
| Signature: |  | Print Name: |  | Date: |  |
|------------|--|-------------|--|-------|--|

### Section 8 – Imenco Approval

|                        |     |                          |    |                          |  |
|------------------------|-----|--------------------------|----|--------------------------|--|
| Is an audit required?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  |
| Approved QHSE:         |     | Print Name:              |    | Date:                    |  |
| Approved Supply Chain: |     | Print Name:              |    | Date:                    |  |

Accessories