

# HVAC Supplier Survey User Guide





JABIL

*Jabil is the most technologically advanced and trusted manufacturing solutions provider. We combine an unmatched breadth and depth of end-market experiences, technical and design capabilities, manufacturing know-how, supply chain insights and global product management expertise to enable success for the world's leading brands.*



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# JABIL

MADE **POSSIBLE.** MADE **BETTER.**



Heating Ventilation & Air-conditioning (HVAC) Service Providers/Suppliers

## QUESTIONNAIRE

Dear Jabil Partner,

First of all, THANK YOU for completing the Basic Screening survey and providing us with the basic details of your organization

At Jabil, our vision is to be the most technologically advanced and trusted manufacturing solutions provider. Our partners play an integral role in our ability to successfully achieve this vision, every day. We greatly value our partner relationships and thank you for all your support.

It is our goal to ensure a high-level of excellence in our partnerships. Our Partner Lifecycle capability enables this through a consistent, governed, and efficient process for establishing and managing these relationships. Receiving and maintaining up-to-date information from our partners is key to reaching this goal. We are asking for your timely cooperation and participation in providing this information. It is important that we update our systems with your most current company information.

This survey is a Comprehensive screening survey sent to **Heating Ventilation & Air-conditioning (HVAC) Service Providers/Suppliers** that includes a series of questions, including License & Permits, Regulatory Compliance, Insurance coverage etc., to be answered. You are receiving this request because you have been identified as the primary contact for your organization providing HVAC services to one or more Jabil facilities. Completion of the Comprehensive Screening survey may be delegated to another person within your organization by forwarding this email and the associated link.

We are asking these questions and requesting your responses in order to meet our various legal obligations, which are aligned with data privacy laws and principles. Your responses will not be shared with anyone outside of Jabil. To this end, we kindly ask that you complete the survey within seven business days.

Please refer to the [Supplier Survey Guidance\(TBD\)](#) for instructions on how to complete the information requested. Should you have any further questions or require additional information, please contact your Jabil Help Desk specialist at [SCM\\_Contact@Jabil.com](mailto:SCM_Contact@Jabil.com).

Thank you for your cooperation, prompt attention and being a valued Jabil Partner.

Best regards,

**Erick Prause**

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## Guidebook and Survey Overview

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### Introduction

This User Guidebook will assist you in completing the **HVAC Survey** with the following tools:

- **Section by section screenshots** with guided instructions and translations (if applicable.) Use the links in the ***Table of Contents*** to navigate to the section of the survey you would like to know more about.
- **Bookmarked content.** Just click any word or group of words that is green and in italics to go to a definition, an explanation, or additional information.

**Example:** The words “Table of Contents” above.

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### Completing the Survey

**To ensure your information is accurate and up to date, please follow these guidelines:**

- Fields containing an asterisk (\*) at the end are required fields and must be completed. The survey must be completed in its entirety and must not include blank boxes or “N/A” responses.
  - Before submitting the survey, please review your entries to ensure there are no blank boxes and each field has the appropriate information.
- 

### Pausing the Survey

If you cannot complete the survey during one session, click the “**Save**” button at the bottom of the survey to retain your work.

If you need assistance from another person in the organization to complete part of the survey, make sure to save your work before forwarding the link.

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### Help

Should you need assistance while completing the survey, please send your question along with a screenshot (if applicable) to [SCM\\_Contact@jabil.com](mailto:SCM_Contact@jabil.com).

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## Before You Begin

### Appropriate Authority

The person completing the survey should have the authority to answer the survey questions on behalf of the company and serve as the main point of contact for Jabil.

### Preparing to Complete the Survey

Review this guidebook before you begin to identify information and documents you may need to gather to complete the survey.

Collecting and preparing this information in advance will save you the time and frustration of pausing, saving the survey, and restarting it at another time.

If you need to pause the survey, see: *Pausing the Survey*.

## Supplier Information

### Screen

**Supplier Heating, Ventilation, and Air Conditioning (HVAC) Survey Questionnaire**

**Definition:** Mechanical Electrical and Plumbing, Maintenance and Repair of Heating, Ventilation, and Air Conditioning Services at a Jabil facility. Excludes off-the-shelf equipment purchases for heating, ventilation, and air conditioning, which does not require any onsite installation by a qualified technician.

Supplier Name:	Master Corporation Code:	D & B Number
HULE(HK)	265074	

Note: If any of the details provided above are inaccurate or incomplete, or If you do not supply the above Product/Service to Jabil, Please contact the Help Desk or contact the Support Team at [SCM\\_Contact@Jabil.com](mailto:SCM_Contact@Jabil.com).

### Instructions

Confirm that the Supplier Name is your company's name. If this information is not accurate, contact the support team at [SCM\\_Contact@jabil.com](mailto:SCM_Contact@jabil.com).



# Supplier Acknowledgement

## Screen

**Supplier Acknowledgement**

I acknowledge that I have the authority to complete this survey on behalf of the company.

**This survey is completed by:**

First (Given) Name: *	<input type="text"/>	Last (Family) Name: *	<input type="text"/>
Title *	<input type="text"/>	Email *	<input type="text"/>

## Instructions

Check the box to acknowledge that you have the authority to answer the survey questions on behalf of your company and provide your contact information.

# Company Information

## Screen

**Company Information**

Please provide the following details about your Company/Business:

Company Name: \*

Company / Business Registration Number: \*

Registered Business Address:

Address Line 1: \*  State/Province: \*

Address Line 2:  Postal Code: \*

Town/City: \*  Country: \*

Phone Number: \*   Fax Number:

## Instructions

Please provide the requested details about your Company/Business.





## Facilities

### Screen

**Facilities**

Do you have other facilities other than headquarter

Yes  No

### Instructions

Indicate "yes" or "No"

## Audited Revenue

### Screen

**Audited Revenue**

Please provide your company's audited revenue in US Dollar Currency (\$) or indicate that this information is confidential.

Annual Revenue (Based on last financial report) \*  Confidential?

Authorized / Available Capital \*  Confidential?

Paid Up Capital \*  Confidential?

### Instructions

Please include audited revenue and capital as recorded by fiscal years.

## Workforce/Headcount

### Screen

**Workforce/Headcount**

Please provide the number of workers in your factory/business:

Management / Office staff \*

Engineers: \*

Mechanics \*

Others \*

### Instructions

Please include only employees, no contractors.





## Management

### Screen

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**Management**

Are any of your company owners, directors, executives, and/or managers the subject of a legal investigation, violation, or criminal conviction now or in the past?  Yes  No

Please describe

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### Instructions

Please respond with “**Yes**” or “**No**”.

- If “**Yes**,” a new survey section appears. Please provide the details regarding any criminal investigation or issue, including the incident details and actions taken.

Please describe

**Please include the following information in the description:**

- What was the criminal investigation or issue?
  - When did this occur (Month, Day, and Year)?
  - What was the root cause of the issue/violation/crime conviction?
  - What action was taken?
  - Is the issue resolved?
- If “**No**,” please move to the next question.
-



## Years in this Business

**Screen**

**Service of Years in this Business**

In what year did this company go into business under the current name (e.g. 1999)

**Instructions**

List only the year, not a specific date or month.

## Company Revenue

**Screen**

**Company Revenue**

Please provide your company's annual revenue in US Dollar Currency (\$) or indicate that this information is confidential.

Last Financial  Confidential?   
Year ★  
Two Years  Confidential?   
Ago ★  
Three Years  Confidential?   
Ago ★

**Instructions**

Please include total company revenue as recorded by fiscal years.

## Top Customers

**Screen**

**Top Customer**

Please provide your top three highest revenue customers (including sales and service) in US Dollars (\$) or indicate that this information is confidential.

Top Customer  Confidential?   
by Revenue ★  
2nd Customer  Confidential?   
by Revenue ★  
3rd Customer  Confidential?   
by Revenue ★

**Instructions**

Please provide your top three customers from whom you earn the most revenue (including sales and service) in US Dollars (\$) or indicate that this information is confidential.



## Business/Government Certificate

### Screen



**Business/Government Certificate**

Does your company have a valid work license for performing HVAC jobs (Definition: Mechanical Electrical and Plumbing, Maintenance and Repair of Heating, Ventilation, and Air Conditioning Services at a Jabil facility. Excludes off-the-shelf equipment purchases for heating, ventilation, and air conditioning, which does not require any onsite installation by a qualified technician.)



Yes     No     Not Applicable

### Instructions

Your company should/may have a valid license for undertaking HVAC jobs.

- If **“Yes,”** click on the  icon and provide the requested license information. Click on the  icon again to add additional rows if needed.

License Number/Policy Number:    Effective Date:    Expiration Date:

License Number/Policy Number	Effective Date:	Expiration Date:
<input type="text"/>	<input type="text"/> 	<input type="text"/> 

- If **“No,”** a new survey section appears. Describe your plan to obtain a Business License or Governmental Certificate.

Describe your plan to obtain a Business License or Governmental Certificate:



## Work Safety License/Certification

### Screen

**Work Safety License / Certification**

Does your company have a valid local safety license/certification?  Yes  No  Not Applicable  
 please provide the following information. If more than one, please click to "Add"

**Add licensing details below**

### Instructions

Your company should/may a valid local safety license/certification.

- If **"Yes,"** click on the icon and provide the requested license information. Click on the icon again to add additional rows if needed.

License Number/Policy Number:      Effective Date:      Expiration Date:

License Number/Policy Number	Effective Date:	Expiration Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

- If **"No,"** a new survey section appears. Describe your plan to support and start the work/construction.

Describe your plan to support and start the work/construction



# Insurance Coverages

### Before You Begin This Section

For detailed information about these insurance coverages, please visit: [Types of Insurance and Expectations](#).

**Important Information:** At a minimum, Contractors will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer’s Liability, and Worker’s Compensation insurance as required by law for work-related injury or illness.

The Contractor’s responses to these insurance coverage questions will be reviewed, and the Contractor will be contacted if any further actions are required. Jabil will work with the Contractor to ensure compliance.

### Important Information:

- The Insurance coverage must be provided in detail as requested.
- You are required to notify Jabil in writing of any change in the insurance provider, any material/applicable changes in your insurance, and/or cancellation of your insurance.

You are required to provide a Certificate(s) of Insurance to Jabil before beginning work on Jabil's premises.

### Screen Part One

**Insurance Coverages**

The questions below pertain to all current and existing insurance coverage, and Contractor will provide Jabil with a Certificate(s) of Insurance prior to commencement of HVAC jobs.

Contractor will maintain all insurance necessary to satisfy its obligations. Do you agree?  Yes  No

Does your organization have the following general/civil liability insurance? Choose the best answer below, provide coverage amount, and insurance policy number:

Commercial General/Products Liability (GL)★	<input type="radio"/> Yes <input type="radio"/> No	Amount: ★	<input type="text"/>	Policy Number★	<input type="text"/>
Worker’s Compensation (WC)★	<input type="radio"/> Yes <input type="radio"/> No	Amount: ★	<input type="text"/>	Policy Number★	<input type="text"/>
Employer’s Liability (EL)★	<input type="radio"/> Yes <input type="radio"/> No	Amount: ★	<input type="text"/>	Policy Number★	<input type="text"/>
Automobile Liability (AL)★	<input type="radio"/> Yes <input type="radio"/> No	Amount: ★	<input type="text"/>	Policy Number★	<input type="text"/>
Excess Liability (EL), if any	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Not Applicable	Amount: <input type="text"/>	Policy Number	<input type="text"/>
Umbrella, if any	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Not Applicable	Amount: <input type="text"/>	Policy Number	<input type="text"/>

Continued next page



# Insurance Coverages, Continued

## Instructions

- If “Yes,” please provide the Amount and Policy Number for each “Yes” answer.

**Insurance Coverages**

The questions below pertain to all current and existing insurance coverage, and Contractor will provide Jabil with a Certificate(s) of Insurance prior to commencement of HVAC jobs.  
Contractor will maintain all insurance necessary to satisfy its obligations. Do you agree?  Yes  No

Does your organization have the following general/civil liability insurance? Choose the best answer below, provide coverage amount, and insurance policy number:

Commercial General/Products Liability (GL)★	<input type="radio"/> Yes	<input type="radio"/> No	Amount:★	<input type="text"/>	Policy Number★	<input type="text"/>
Worker's Compensation (WC)★	<input type="radio"/> Yes	<input type="radio"/> No	Amount:★	<input type="text"/>	Policy Number★	<input type="text"/>
Employer's Liability (EL)★	<input type="radio"/> Yes	<input type="radio"/> No	Amount:★	<input type="text"/>	Policy Number★	<input type="text"/>
Automobile Liability (AL)★	<input type="radio"/> Yes	<input type="radio"/> No	Amount:★	<input type="text"/>	Policy Number★	<input type="text"/>
Excess Liability (EL), if any	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	Amount: <input type="text"/>	Policy Number	<input type="text"/>
Umbrella, if any	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable	Amount: <input type="text"/>	Policy Number	<input type="text"/>

- If “No,” please describe your plan to address each “No” answer the space provided. See [Screen Part Two](#).

Describe your plan to obtain a Business License or Governmental Certificate:

## Screen Part Two

Do all insurance policies listed from above apply to all of your operations and applicable jurisdictions?  Yes  No

Describe the details and plan to obtain Insurance coverage:

Does the Certificate of Insurance for Commercial General Liability and Workers' Compensation include a waiver of subrogation favoring Jabil?  Yes  No

Please describe your plan to address this waiver:

Do you agree to notify Jabil in writing at least 30 days before the cancellation or any applicable change in insurance?  Yes  No

Please describe your plan to address this:

Do you agree to provide Jabil with a Certificate(s) of Insurance prior to commencement of HVAC jobs?  Yes  No

Please describe your plan to address this:



## Governmental and Legal

Screen

**Governmental & Legal**

Governmental requirements prior to the commencement of HVAC jobs undertaken by all Jabil contractors. Contractor shall provide Jabil evidence, where necessary, prior to commencement of the HVAC job and/or upon demand by Jabil even after completion of the job.

Is there a process, that is documented, executed, and maintained, which identifies all applicable Governmental / Legal Regulations and Requirements that apply to your business?  Yes  No

Is there a process in place which assures all applicable licenses, permits, registrations, and insurance are obtained and maintained?  Yes  No

Are periodic compliance assessments conducted, with documented results, and actions taken on non-compliance elements?  Yes  No

Are evidence of licenses, permits, and insurance readily available?  Yes  No

Is a process for monitoring, reviewing, and responding to changes of requirements documented and in place?  Yes  No

Are the changes to requirements and regulations monitored and identified through either outside or in-house Legal Council?  Yes  No

Instructions

Please respond with “Yes” or “No” to each question.





## Environmental and Safety

**Before You Begin This Section**

For detailed information about these requirements, please visit: [Environmental and Safety Requirements](#).

**Note:** At a minimum, the Contractor will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer’s Liability, and Worker’s Compensation insurance as required by law for work-related injury or illness.

**Screen**

Environmental & Safety	
Environmental & Safety Requirements which cover HVAC jobs commenced and performed by Jabil Contractors	
Is there a documented process that is executed and maintained, which identifies all applicable Environmental & Safety Requirements that apply to HVAC jobs?	<input type="radio"/> Yes <input type="radio"/> No
Is there documented process in place for monitoring, reviewing, and responding to changes in requirements?	<input type="radio"/> Yes <input type="radio"/> No
Does your company have a program / procedure for the control of hazardous energy (lockout/tagout – LOTO)?	<input type="radio"/> Yes <input type="radio"/> No
Have your employees been trained in LOTO?	<input type="radio"/> Yes <input type="radio"/> No
Have your employees been issued fall protection and personal protective equipment?	<input type="radio"/> Yes <input type="radio"/> No
Does your company have a program / procedure to address fall hazards and/or working from heights?	<input type="radio"/> Yes <input type="radio"/> No
Have your employees been trained in fall hazards and working from heights?	<input type="radio"/> Yes <input type="radio"/> No
Have your employees been trained in proper use, handling, and disposal of refrigerants?	<input type="radio"/> Yes <input type="radio"/> No
During HVAC jobs, such as air conditioning replenishment, can you ensure the gas or unwanted waste is clear and does not violate any regulatory or local law, and do you have a process in place to meet all requirements?	<input type="radio"/> Yes <input type="radio"/> No
Are all of your workers trained on Safety and Health Policies and Procedures before commencing each HVAC job?	<input type="radio"/> Yes <input type="radio"/> No
Are HEALTH and SAFETY policies and procedures communicated clearly to workers in their local language(s) and understood by them?	<input type="radio"/> Yes <input type="radio"/> No
Are the PPE (Personal Protection Equipment) requirements identified and provided to all personnel for relevant working areas during HVAC jobs?	<input type="radio"/> Yes <input type="radio"/> No

**Instructions**

Please respond with “Yes” or “No” to each question.



## Compliance Requirements

**Before You Begin This Section**

Contractors should have:

- Compliance requirements which the HVAC follows prior to beginning the HVAC job at Jabil premises.
- A detailed and documented written process which ties to local/Industrial Standards.
- A documented Agreement signed off as evidence, such as Contract Agreement, etc.

**Screen**

**Compliance Requirements**

General Section Description: Compliance requirements to cover HVAC jobs undertaken by Jabil contractors.

Is there a defined, documented, and executed process in place that periodically verifies all required registrations and requirements during HVAC jobs are held and current?  Yes  No

Is there any written and signed employment agreement or contract?  Yes  No

Do all workers meet the minimum age requirement, and are they experienced in HVAC jobs as mandated by Government?  Yes  No

Do you have any written and signed employment agreement or contract with employees referenced above?  Yes  No

**Instructions**

Please respond with “Yes” or “No” to each question.

## Incidents/Record

**Screen**

**Incidents/Record**

General Section Description: Any issue/reported unwanted incidents on safety/health during the performance of HVAC jobs at Jabil

Is there a defined, documented, and executed process in place that periodically verifies and records any incidents or issues?  Yes  No

Does your company have a defined and executed process for logging, monitoring, and acting upon incidents (for example, accidents, violations, summons, findings, etc.) related to services provided?  Yes  No

Are investigative results for incidents documented and retained, including actions taken to address them?  Yes  No

Have you had any insurance claims in the last three years, either from your insurer or from your customer, for any loss or damage caused while you were performing HVAC jobs?  Yes  No

**Instructions**

Please respond with “Yes” or “No” to each question.



## Acknowledgment

### Screen Part One

#### Acknowledgement

This is to certify and affirm that all the above information and self-declaration survey responses are answered honestly, appropriately, and to the best of my ability.

Does your company have an identified and designated person (besides yourself) that Jabil may contact to discuss any of the responses provided above?  Yes  No

### Instructions

- If **“Yes,”** a new survey section appears. Please provide your contact information.

First Name *	<input type="text"/>	Last Name *	<input type="text"/>
Email *	<input type="text"/>		
Phone *	<input type="text"/>	Extension: *	<input type="text"/>
Job Title *	<input type="text"/>		

- If **“No,”** then no additional section will display.

## Confirmation

### Screen

#### Attention

*By submitting this form, the supplier certifies, acknowledges, and affirms that the information provided is accurate and complete.*

### Instructions

Your response has been successfully submitted to Jabil. A subject matter expert will review your response and contact you if we need any further clarification or if any risk remediation is required.

Jabil will work with the Supplier to close any gaps as we grow the business engagement. Thank you for participating in our Comprehensive Screening Survey process designed for Heating Ventilation & Air-conditioning (HVAC) Suppliers.



# Appendix





## Types of Insurance and Expectations

### Introduction

At a minimum, the Contractor will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer’s Liability, and Worker’s Compensation insurance as required by law for work-related injury or illness.

The Contractor’s responses to the survey will be reviewed, and the Contractor will be contacted if any further actions are required. Jabil will work with the Contractor to ensure compliance.

### Important Information:

- The Insurance coverage must be provided in detail as requested
- You are required to notify Jabil in writing of any change in the insurance provider, any material/applicable changes in your insurance, and/or cancellation of your insurance.
- You are required to provide a Certificate(s) of Insurance to Jabil before beginning work on Jabil's premises.

Type of Insurance	Description of Coverage	Minimum Coverage Expectation
Employer's Liability (EL)	Bodily injury by accident or disease to an employee, where the loss is not covered by the workers' compensation statute (typically included in the WC policy).	The contractor will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer's Liability, and Worker's Compensation insurance as required by law.
Automobile Liability (AL)	Third-party bodily injury and/or property damage arising from the use of vehicles owned, leased, or rented.	The contractor will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer's Liability, and Worker's Compensation insurance as required by law.
Excess Liability (EL),	Provides coverage when an underlying liability policy has reached its limits by the payment of claims.  This coverage extends the limits of primary policies such as Auto Liability, General Liability, and Employers Liability	Limits may be satisfied through a combination of primary and umbrella/excess policies.
Commercial General/Products Liability (GL)	Provides coverage including, but not limited to, premises-operations, broad form property damage, products/completed operations, contractual liability, independent contractors, and personal injury.	This insurance needs to be provided on an occurrence basis. The third-party coverage for bodily injury and property damage should include products and completed operations.
Worker's Compensation (WC)	A type of business insurance that provides benefits to employees who suffer work-related injuries or illnesses.  Specifically, this insurance helps pay for medical care, wages from lost work time and may include covering employee illnesses and workplace injuries, protecting your business from lawsuits, and keeping your business compliant with state regulations.	At a minimum, the Contractor will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer's Liability, and Worker's Compensation insurance as required by law for work-related injury or illness.

*Continued on next page*



## Types of Insurance and Expectations, Continued

Type of Insurance	Description of Coverage	Minimum Coverage Expectation
Worker's Compensation (WC)	<p>A type of business insurance that provides benefits to employees who suffer work-related injuries or illnesses.</p> <p>Specifically, this insurance helps pay for medical care, wages from lost work time and may include covering employee illnesses and workplace injuries, protecting your business from lawsuits, and keeping your business compliant with state regulations.</p>	At a minimum, the Contractor will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer's Liability, and Worker's Compensation insurance as required by law for work-related injury or illness.
Employer's Liability (EL)	Bodily injury by accident or disease to an employee, where the loss is not covered by the workers' compensation statute (typically included in the Worker's Compensation policy).	The contractor will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer's Liability, and Worker's Compensation insurance as required by law.
Automobile Liability (AL)	Third-party bodily injury and/or property damage arising from the use of vehicles owned, leased, or rented.	The contractor will maintain Automobile Liability insurance, Commercial General Liability insurance, Employer's Liability, and Worker's Compensation insurance as required by law.
Excess Liability (EL),	<p>Provides coverage when an underlying liability policy has reached its limits by the payment of claims.</p> <p>This coverage extends the limits of primary policies such as Auto Liability, General Liability, and Employers Liability</p>	Limits may be satisfied through a combination of primary and umbrella/excess policies.
Umbrella	<p>Umbrella insurance is a type of excess insurance.</p> <p>An Umbrella policy can:</p> <ul style="list-style-type: none"> <li>• be applied to extend the limits of multiple underlying liability policies.</li> <li>• can drop down when an underlying policy's aggregate limits are exhausted.</li> <li>• protect against some claims not covered by the underlying policies.</li> </ul> <p>Limits may be satisfied through a combination of primary and umbrella/excess policies.</p>	No minimum coverage expectation
Waiver of Subrogation	<p>A contractual provision whereby an insured waives the right of their insurance carrier to redress or seek compensation for losses from a negligent third party.</p> <p>Such provisions prevent one party's insurance carrier from pursuing a claim against the other contractual party in an attempt to recover money paid by the insurance company to the insured or to a third party to resolve a covered claim.</p>	No minimum coverage expectation





## Environmental and Safety Requirements

### Introduction

The following matrix identifies Environmental & Safety Requirements Jabil expects of their Suppliers:

Documents, Procedures, and Programs	Description
Documented Environmental and Safety Requirements	Contractors should/may have a detailed documented process which ties to local Industrial/Environmental and Safety Requirement Standards that apply to HVAC jobs
Lock Out Tag Out (LOTO)	<p>A program or procedure for the control of hazardous energy. It is expected that all of the Supplier's employees have been trained in LOTO.</p> <p>LOTO is the physical restraint of all hazardous energy sources that supply power to a piece of equipment, machinery, or system. LOTO also includes applying a Warning Tag on the physical restraint device that documents the authorized LOTO personnel and the date.</p>
Fall Protection and Fall Hazard Training	<p>Fall prevention methods, such as guardrails, warning lines, controlled access zones, and safety monitoring systems that safeguard the Contractor's workers, should be trained and practiced.</p> <p>These methods may include a Fall-arrest system, such as safety nets and full-body harnesses.</p>
Personal Protective Equipment (PPE)	<p>PPE is equipment worn to minimize exposure to a variety of hazards.</p> <p>Examples of PPE include gloves, foot, eye protection, protective hearing devices (earplugs, muffs), hard hats, respirators.</p> <p>The Contractor's workers should always wear and hold all the necessary PPE equipment for safety and health concerns.</p> <p>Examples of PPE equipment include Safety Helmets, Gloves, Foot Protections, Hearing Protections, Eye Protections, Harness Lanyard, High-Visibility Vest, Fall Protection Guard, etc</p>
Disposal of Refrigerants	A refrigerant is a substance or mixture; usually, a fluid, used in a heat pump and refrigeration cycle. In most cycles, it undergoes phase transitions from a liquid to a gas and back again. Many working fluids have been used for such purposes. There should be a relevant documented process regarding refrigeration/AC equipment disposal with health and safety concerns.
Gas or Unwanted Waste	Documented processes or procedures meet all requirements to ensure appropriate waste management procedures are practiced and no environmental pollution violates local government law.
Safety and Health Policies and Procedures Training	<p>The Contractor's workers should be trained on Safety and Health Policies and Procedures before each HVAC job.</p> <p>Safety and Health policies and procedures are documented and communicated clearly to workers in their local language(s).</p>