



BORAL NORTH AMERICA

Supplier Registration and Prequalification Form



ABOUT BORAL

Boral Limited is an international building products and construction materials group with three strong divisions: the high-performing, well-positioned materials business of Boral Australia; the fast-growing USG Boral interior linings joint venture in Asia, Australia and the Middle East; and Boral North America, a scaled and growing building and construction materials business.

Boral North America comprises the building and construction materials businesses of Boral USA and Headwaters Inc., following Boral's acquisition of Headwaters in May 2017. Boral has industry-leading positions in fly ash processing and distribution and synthetic gypsum. In building materials, Boral has stone, roofing, light building products and windows businesses, and a 50% share in the Meridian Brick joint venture.

INSTRUCTIONS

Please complete and submit this form to supplier@boral.com. If a question is not related to your business please mark your reply as Not Applicable "N/A" and if the space allotted in this form is inadequate, response may be made on separate sheet(s) of paper provided the answers given are directed to the requirements.



A. GENERAL INFORMATION

A.1 Name and title of the person filling in this questionnaire:

A.2 Date of completion:

A.3 Business name:

A.4 Does the business trade under other names:

If the answer is yes, list names:

A.5 Business street address (also provide principal place of business and mailing address if different):

A.6 Telephone:

A.7 Fax:

A.8 E-mail:

A.9 Website:

A.10 When did your business commence trading:



A.11 Previous name of business (if the name changed in last 3 years):

A.12 Number of employees:

A.13 Describe the products/services provided by your business:

A.14 Please list names of key personnel for future correspondence:

Full name	Title



B. LEGAL AND FINANCIAL

B.1 Type of legal entity (Public/Private Company, Partnership, Sole Trader, Trustee, Other):

B.2 If a type of company, details of holding company (if applicable), company directors and shareholders:

B.3 If partnership, details of partners in the partnership:

B.4 If trustee, details of trust and beneficiaries:

B.5 Annual turnover for last three financial years:

Year	Turnover

C. GOVERNMENT RELATIONSHIPS

- C.1** Are any owners, directors, officers or senior managers (or their immediate family) currently or in the last 12 months engaged as public officials*:

YES/NO

*A public official is an individual who: holds a legislative, administrative or judicial position of any kind in any country or territory; or, exercises a public function in any country or territory; or, is an official or agent of a public international organisation (such as the UN or the World Bank).

- C.1.1** **If the answer is yes**, who and in what capacity: Identify (in relation to the person) the public official, the position held, and when held

- C.1.2** **If the answer is yes**, please also identify any procedures in place to manage risks/conflicts associated with the situation:

- C.2** Do any owners, directors, officers or senior managers (or their immediate family) hold any office with or have any official duties for, or are they otherwise in a position to influence or provide services for any government, agency, government controlled entity or public international organisation:

YES/NO

- C.2.1** **If the answer is yes**, please identify the person, the government, agency or enterprise and the position held/duties performed/services provided.

- C.3** Do any of the owners, directors, officers or senior managers (or their immediate family) currently or in the last 12 months hold any office or position in any political party, or are there candidates for any political office:

YES/NO

- C.3.1** If the answer is yes, please also identify in relation to that person the office or position held or candidacy and the political party involved.

D. ANTI-BRIBERY AND CORRUPTION

- D.1** Does your business have a written code, procedure or policy addressing business ethics, anti-bribery and anti-corruption or related topics (including gifts and entertainment, facilitation payments, political and charitable donations, accurate financial recordkeeping):

YES/NO

- D.1.1** If the answer is yes, please attach copies:

- D.2** Does your business conduct any due diligence related to bribery or corruption, and does it have measures in place to ensure compliance with any anti-bribery and anti-corruption or related policies, including detection measures:

YES/NO

- D.2.1** If the answer is yes, please identify such measures:

- D.3** In the past ten (10) years, has your business (or any related entity) or its major shareholders been:

- A) Suspended from doing business in any capacity:

YES/NO

- B) Subject to any allegation of, investigated for, charged with, convicted of or alleged to have been engaged in any criminal act, fraud, misrepresentation, bribery, corruption, tax evasion, false recordkeeping, or similar activities:

YES/NO

- D.3.1** If the answer is yes, please provide details:

E. SUSTAINABILITY

E.1 Where does your business source its products/services:

E.2 Does your business actively source products/services from developing countries:

YES/NO

E.2.1 **If the answer is yes**, do you have a process to ensure ethical supply chains:

E.3 Are there any part of your products/services that are typically subcontracted to third parties:

YES/NO

E.3.1 **If the answer is yes**, please identify the third parties, the role they undertake, and any known relationships the third parties have with public officials*:

E.4 If your business transports products, what is your process for chain of custody certification:

E.5 Provide details of whether your business assesses its supply chains for the prevention of the use of child labour:

E.6 Please advise any contingency plans that you may be able to activate to ensure continuity of products/service:

E.7 Please advise your business growth targets and any geographical targets for your organisation:



F. HEALTH SAFETY AND ENVIRONMENT (HSE)

F.1 Provide details of whether your business has ever been issued with an improvement or prohibition notice by a HSE regulatory body or been convicted of a HSE offence. **If the answer is yes**, advise what steps were taken to ensure there was not a reoccurrence:

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F.2 Does your business have a health and safety policy:

YES/NO

F.3 Does your business conduct regular safety meetings:

YES/NO

F.4 Does your business have a new employee safety orientation program:

YES/NO

F.5 Do you require your subcontractors to meet the same safety standards that you employ:

YES/NO

F.6 Please list the current HSE certifications that your business has obtained:

Certification	Organization	Year

F.7 List your business' workers' compensation Experience Modification Rate (EMR) for the most recent three years:

20__	20__	20__
EMR:	EMR:	EMR:



F.8 Please provide details supporting your EMR from your worker's compensation carrier or other rating agency:

F.9 List the number of injuries and illnesses reported:

	20__	20__	20__
Number of lost workday cases			
Number of restricted workday cases			
Number recordable cases without lost or restricted workdays			
Number of fatalities (if more than zero, explain on a separate sheet of paper)			
Number of hours employees worked in the year			

F.10 Does your business have an environmental policy:

YES/NO

F.10.1 **If the answer is yes**, please provide details of this policy and how you communicate within your organisation:

F.11 Please list the current quality certifications (ISO-9001, ISO-14001, etc.) that your business has obtained:

Certification	Organization	Year



G. QUALITY MANAGEMENT

Please answer the following questions by ticking the correct box and add comments if required.

G.1 QUALITY SYSTEM

G.1.1 Quality Policy / Manual

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.1.2 Equipment & Instrument Validation / Qualification Program

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.1.3 Internal Audit / Self-Inspection Program

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.1.4 Supplier Evaluation / Qualification Program

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.1.5 Recall System/Procedure

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		



G.2 PACKAGING / LABELLING

G.2.1 Labelling of Intermediate / Final Products

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.2.2 Storage of Intermediate / Final Products

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.2.3 Product / Sample Shipping Validation Program

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.3 FACILITIES AND EQUIPMENT

G.3.1 Preventive Maintenance Program

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.3.2 Calibration Program

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.3.3 Facility Cleaning / Sanitization

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		



G.4 LABORATORY CONTROL

G.4.1 Method Qualification for all assays used in Testing of Samples

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.4.2 Testing Reagents and Standards Controls Policy / Procedure

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.4.3 Sample Retention Program

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.4.4 Out of Specification/Retest Procedures

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.4.5 Availability of Analytical Raw Data Documentation

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		



G.5 MATERIALS CONTROL

G.5.1 Inventory Management System

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.5.2 Warehouse System and Storage

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		

G.5.3 Inspection and Testing of Incoming Materials

Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Comment :		



H. INSURANCES

It is a requirement for suppliers to provide details of the following insurances (copies of insurance certificates may be requested):

H.1 Workers Compensation

Insurer: _____

Policy Number: _____

Sum Insured: _____

Expiry Date: _____

H.2 Public Liability

Insurer: _____

Policy Number: _____

Sum Insured: _____

Expiry Date: _____

H.3 Motor Vehicle

Insurer: _____

Policy Number: _____

Sum Insured: _____

Expiry Date: _____



H.4 Other Insurance (Please Specify)

Insurer: _____

Policy Number: _____

Sum Insured: _____

Expiry Date: _____



I. DECLARATION

The business identified in section A.3 warrants that the information provided in the Supplier Registration and Prequalification Form is true and correct. The supplier understands and acknowledges that the completion and submission of this form does not mean the supplier will necessarily be invited to tender for any products, works or services, and the supplier agrees to provide all relevant supporting documentation, if any at the written request is made by Boral or one of its appointed agents.

Check List:

- Part A: General Information Yes No N/A
- Part B: Legal and Financial Yes No N/A
- Part C: Government Relationships Yes No N/A
- Part D: Anti-Bribery and Corruption Yes No N/A
- Part E: Sustainability Yes No N/A
- Part F: Health, Safety and Environment (HSE) Yes No N/A
- Part G: Quality Management Yes No N/A
- Part H: Insurances Yes No N/A
- Part I: Declaration Yes No N/A

Supplier's Business Name:

(block letters)

Supplier's Representative:

(block letters)

Signature:

Date of Completion:

(dd-mmmm-yyyy)