****

**SUPPLIER/CONTRACTOR SAFETY PRE-QUALIFICATION CRITERIA AND SUPPLIER/CONTRACTOR SAFETY INFORMATION DATA SHEET**

Digital Realty is committed to achieving Environmental Occupational Health and Safety (EOH&S) excellence and uncompromised quality and performance around the globe.

We require our suppliers and contractors use safe work practices and procedures and have a demonstrated safety record as follows:

1. **A workers’ compensation Experience Modification Rate of 1.0 or better (*e.g*., 0.90).**
2. **A Lost Workday Incident Rate equal to or less than 3.0.**
3. **A Recordable Incident Rate equal to or less than 7.8.**
4. **No more than three serious OSHA violations or equivalent in the last three-year period.**
5. **A documented safety program that meets our requirements applicable to that supplier or e contractor’s work.**
6. **Supporting safety information verifying the supplier’s or contractor’s ability to comply with applicable safety requirements and performance criteria (e.g., training records, etc.).**

If you do not meet one or more of the first 4 requirements, you may be ineligible or required to submit additional information for evaluation by us.

Forward a completed Contractor Safety Information Data Sheet (attached) and related safety program information (if necessary based on safety pre-qualification criteria) along with the proposal to:

Walter Leclerc

Director, Environmental Occupational Health and Safety

Digital Realty Trust, Inc.

1100 Space Park Drive, Suite 104

Santa Clara, California 95054

+1408-332-5614

wleclerc@digitalrealty.com

NOTES:

**Incident Rate** = Number of injuries + illnesses x 200,000

Total hours worked by all employees

**Lost Workday Incident Rate** is based on the total number of cases in columns 3 and 10 of the OSHA 300 log.

**Recordable Incident Rate** is based on the total number of cases in columns 2, 6, 9 and 13 of the OSHA 300 log.

|  |
| --- |
| SUPPLIER/CONTRACTOR SAFETY INFORMATION DATA SHEET |

Name of Contractor/Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIC Code: \_\_\_\_\_\_\_\_\_\_

Work to be performed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Man-hours Worked (for past three years): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Total OSHA Recordable Rate (for past three years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Rate Year

*Rate = (Total Recordable Injuries) x 200,000/* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*Total Employee Hours* Rate Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Rate Year

Industrial average: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_

Lost Time Accident Rate (for past three years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Rate Year

*Rate = (Total Lost Time Accidents) x 200,000/* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*Total Employee Hours worked* Rate Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Rate Year

Industrial average: \_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_

Number of Fatalities (for past three years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Number Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Number Year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Number Year

Industrial average: \_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed name of supplier/contractor safety representative) hereby certify that the information provided in this Supplier/Contractor Safety Information Data Sheet is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the Digital Realty representative for the applicable project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Supplier/Contractor Safety Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number