**SUPPLIER EMERGENCY PREPAREDNESS & RESPONSE PLAN QUESTIONNAIRE**

1. Does your company have an emergency preparedness and response plan?  Yes  No
   1. If so, please provide Ingalls Shipbuilding with a copy of your plan.
   2. If you have previously provided Ingalls Shipbuilding with a copy of your plan, please provide Ingalls with any recent updates to your plan.
   3. If you do not have a plan, or your plan cannot be provided to Ingalls Shipbuilding, please complete questions 2-5 below.
2. Please provide contact information for the primary point of contact(s) during an emergency:

PRIMARY EMERGENCY POINT OF CONTACT

|  |  |
| --- | --- |
| NAME: | PHONE: |
| E-MAIL ADDRESS | ALTERNATE PHONE: |

ALTERNATE EMERGENCY POINT OF CONTACT

|  |  |
| --- | --- |
| NAME: | PHONE: |
| E-MAIL ADDRESS | ALTERNATE PHONE: |

1. Have you established emergency procedures with your sub-tiers/subcontractors to secure inventory that may be affected in the event of an emergency?  Yes  No
2. Please provide the names of your suppliers/contractors that are critical to maintaining your business with Ingalls Shipbuilding (please use an additional sheet of paper if necessary):

|  |  |
| --- | --- |
| BUSINESS NAME & ADDRESS: | CONTACT INFORMATION: |
| BUSINESS NAME & ADDRESS: | CONTACT INFORMATION: |
| BUSINESS NAME & ADDRESS: | CONTACT INFORMATION: |
| BUSINESS NAME & ADDRESS: | CONTACT INFORMATION: |

1. Does your company have an alternate and/or temporary business location that can be utilized to maintain business operations in the event of an emergency?  Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Alternate Address:­­ | |  |  |  |
|  | | |  | |
|  | | |  | |
|  | | | | |
| Phone Number: |  | |  | |

Please return plan and/or form to: [suppliercerts@hii-ingalls.com](mailto:suppliercerts@hii-ingalls.com)