**PURCHASE ORDER COVER PAGE**

**(revised 2/15/2023)**

**Please send a signed acknowledgment of this purchase order by e-mailing the appropriate buyer listed below**.

NOTICE TO CONTRACTORS

**POTENTIAL LEAD/RESPIRATORY HAZARD**

SSAB has a lead and respiratory protection program in place for certain employees working in the primary end and bag house to protect them from potential lead hazards as required by OSHA,29 C.F.R 1910.1025. All contractors who have employees working in the primary end and/or bag house are required by the OSHA regulations to determine whether their employees could be exposed to hazardous levels of lead and, if so, to maintain a lead and respiratory protection program that complies with the OSHA regulations.

If you have any questions please contact, Manager-Safety and Security for SSAB Iowa Inc. at 563.381.5300.

**Invoicing Instructions**

Mail invoices to the attention of Accounts Payable at [ap.iowa@ssab.com](mailto:ap.iowa@ssab.com) . Invoice must indicate SSAB purchase order number and packing slip if applicable. For Time and Material orders Labor and Materials must be separated on the invoice.

**On-Site Services**

In regards to any work performed on-site, suppliers must be AVETTA compliant before any work commences in the mill by your personnel in connection with this order. Please reference the following link to ensure compliance: <https://app.avetta.com/>

**Shipping**

We have included a summary of our shipping instructions below. If you have any questions please call. If the listed methods cannot be used for whatever reason, we must be informed PRIOR to the shipment of material.

**To SHIP:**

1. ***Small Parcel/International domestic:***

* Fed Ex collect (less than 150 lbs):  an account number is not needed.  Please refer to attached screen shot from the Fed Ex website to assist you in following this procedure (Setting up Fed Ex Ground Collect Shipments)
* If you are shipping 3rd Party and an account number is required, please contact the SSAB Traffic department at 563-381-5470 for assistance.

1. ***Ground Freight (LTL under 6,000 lbs):***

 Fed Ex Ground Freight (ph. 800-463-3339) or

* + Dohrn Transfer (ph. 800-747-3401) for LTL shipments to / from Iowa, Illinois, Indiana, Missouri, Nebraska, Wisconsin, and Kansas City, KS

3. **LTL over 6,000**:

# Please contact our dispatcher @ 563-381-5520 (7:00 am - 1:30 pm CST, M-F)

* (NOTE: If the PO terms state Delivered, Ship Prepaid, we are under the assumption that the freight is included in the price of the material. If otherwise, please contact us.)

ATTENTION: Please provide the SSAB purchase order number, related to this shipment, to the contracted freight carrier and instruct them to include the purchase order number on their freight invoice to SSAB. Failure to provide this information may result in payment interruptions to the freight carrier.

**Pickup and Delivery of Purchased Material**

1. **PURPOSE**

To define procedures for initiating and accomplishing pickup and delivery of purchased materials to

and from the mill.

1. **SCOPE**

This procedure applies companywide.

1. **PROCEDURE**

When the Purchasing Buyer requires delivery to the mill or pickup from the mill, the truck driver is required to stop at the Stores Warehouse (Gate 2) and obtain a *Stores Loading Sheet*. This Loading Sheet necessarily references the Purchase Order number related to the delivery/pick-up, the part number and/or a brief description of the item and the door number or destination where the delivery/pick-up is to take place.

The *Stores Loading Sheet* is a three-part form. The first copy will be retained by Stores following completion. The remaining two copies must accompany the truck driver as he/she enters the SSAB mill site through Gate 2.

Parts/Equipment Being Delivered to the Mill**:** The truck driver stops at Security for vehicle inspection and provides one of the two copies to Security personnel. Following inspection, Security will provide instruction to the truck driver concerning delivery of the part/equipment. The third copy of the *Stores Loading Sheet* is retained by the truck driver. When exiting the mill, the truck driver is obligated to stop at Security at Gate 2 for re-inspection, and final exit from SSAB property**.**

Parts/Equipment taken from the Mill: The truck driver stops at Gate 2 Security for vehicle inspection and provides one of the two copies of the *Stores Loading Sheet* to Security personnel. The third copy of the Stores Loading Sheet is retained by the truck driver. Security will review the contents of the truck to ensure parts described on the *Stores Loading Sheet* match parts loaded on the truck. Following Review, Security will release the truck for final exit from SSAB property.

**NOTE:** Gate 2 is to be used at all times for parts entering or exiting SSAB mill property. The only exception to this procedure is for product (plate and coil), scrap, alloys, lubricants, and refractory material where a truck scale ticket is required.

Driver Safety Rules and Regulations

SSAB Iowa Inc.

SSAB is committed to provide a safe and healthy work environment for its employees, contractor employees and visitors. These rules are in place due to recognized hazards. Failure to comply with these rules may lead to suspension from the site.

1. Only authorized personnel are allowed on SSAB property. This includes drivers, trainees or other authorized carrier personnel. Passengers, spouses, children or non-qualified companions **are not authorized to be on SSAB property.** Individuals without an assigned prox card must sign in and out at the appropriate gate.
2. All authorized personnel must stay with their vehicle or in designated walkway areas at all times. They are to enter and exit the facility only through designated “Man Doors”.
3. It is mandatory that all personnel, wear industry approved Personal Protective Equipment (PPE) including: Hard Hats with ANSI rated suspension, Safety Glasses with side shields, Hard Sole, Closed Toed Shoes, Long Pants and Long Sleeve Shirts and Gloves. Visitor safety glasses and hard hats are available in the Shipping Office at Gate 1 and must be returned after use.
4. All truck drivers are required to obey all Posted Stop, Speed Limit, Directional, Railway, Pedestrian Crossing and General Information Signs at all times.
5. In-Plant vehicles, such as Fork Trucks, Slag Pot Haulers and Railroad Locomotives always have the Right-of-Way. Never block roadways, access lanes or rail tracks.
6. It is in the safety culture of our facility to look out for each other. We are professionals and should not have to be reminded. If you must be reminded be respectful.

**A**

**Shipment Information Form**

Dear Supplier,

If you are receiving a copy of this form, our purchase order has been issued with instructions for you to contact SSAB Transportation to arrange pick-up. Please complete the information below and return the form via e-mail to [montpelier.traffic@ssab.com](mailto:montpelier.traffic@ssab.com) and [Steve.Harper@ssab.com](mailto:Steve.Harper@ssab.com). If you have any questions, please feel free to contact us at the same address.

**Note:** SSAB will not be responsible for any freight charges that are derived from the deviation of the terms of the purchase order or these instructions.

Thanks,

Montpelier Traffic Group

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **P.O. or P.R. #:** | | **Pick-up #:** | | | | **Pick-up Date:** | | | |
| **Supplier Recommended Shipping Method:**  LTL Carrier (enclosed trailer)  Flatbed Carrier  Van Carrier | | | | **Weather Protection Required:**  Tarp  No Tarp | | | | | |
| **Commodity Description:** | | | | | | | **Value: $** | | |
| **# Pallets:** | **Pieces / Pallet:** | **Dimensions:** | | | | | **Total Weight:** | | |
| **Origin Information:** | | | | | | | | | |
| Company Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | | | | State: | | | | Zip**:** |
| Shipping Hours: Monday-Friday a.m. to p.m. | | | | | | | | | |
| Contact Name: | | | PH #: | | | | | | |
| Special Instructions or Additional Comments: | | | | | | | | | |
| **Destination Information:** | | | | | | | | | |
| Company Name: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | | | | State: | | | | Zip: |
| Receiving Hours: Monday-Friday a.m. to p.m. | | | | | | | | | |
| Contact Name: | | | PH #: | | | | | Email: | |
| Special Instructions or Additional Comments: | | | | | | | | | |
|  | | | | | | | | | |

**Note:** If you have a preferred carrier you wish us to consider using, please advise rate: