EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number 2046 0040

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

													ration Da	ic. 11/50/	2020
	SECTION A – TYPE OF REPORT CONSOLIDATED REPORT														
OFG COMPANY ID		SECT	TION E	3 – EMP	LOYE	R IDEN			(A) (E)						
OFS COMPANY ID 1357752						DAI		OYER N							
1357752						BAU	JSCH F	HEALII	1 05 L	LC					
ADDRESS							Cl	ITY/TOV	VN			STATE		ZIP CC	DDE
400 Somerset Corpor	rate Boi	ulevard					BRID	OGEWA	ATER			NJ		0880	07
SECTION C - HI	EADOU	ARTE	RS OR	ESTAE	BLISHN	AENT-I	EVEL	IDENT	'IFICA'	TION (i	f applica	able)	ı		
HQ/ESTABLISHMENT-LEVEL UNIT ID										Γ-LEVEL					
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	NT-LEVEL ADDRESS CITY/TOWN STATE ZIP C													
		N1-LEVEL ADDRESS CITY/IOWN STA													
	GT GTT														
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 330949894														
330949894 SECTION E – EMPLOYER FILING ELIGIBILITY															
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): G1L1GBQUTGH5															
_			-												
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (Multi-Es	tablishn	nent Em	ployer is	Federa	l Contra	ictor)		
X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices															
551114 - Corporate, Subsidiary, and Regional Managing Offices SECTION H – WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicit	у						
		anic					Not	Hispar	ic or L	.atino					
	or La	atino		1	M	ale					Fer	nale			
						_						_			
				_		Native Hawaiian or Other Pacific Islander	ō	Two or More Races		⊆		Native Hawaiian or Other Pacific Islander	ō	Two or More Races	
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Зас		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Sac	Row
JOB CATEGORIES	o o	Female	ē	ck or Afric American	⊑	/aii	ndi lat	ē	த	Black or	⊆	/aii	nd at	ē	Total
	Male	Ë	White	or /	Asian	ji a	a P	ē	White	ᇫ	Asian	iji a	a =	ē	
	_	P.	>	훘	⋖	ac H	ica	_	>	Bla	<	a H	ica		
				lac /		i ₹ F	Ala	0		_ <u>:</u> 2		iž ž	A la	0	
				В		t a	An'	≥		₹		t a	Αŭ,	≥	
						- 0		'				- 0		•	
Executive/Senior Level Officials and Managers	2	0	35	1	1	0	0	0	7	0	1	0	0	0	47
First/Mid-Level Officials and Managers	9	13	176	14	36	1	2	1	96	7	31	0	0	3	389
Professionals	17	23	115	9	50	0	0	7	137	20	62	1	0	5	446
Technicians Sales Workers	24	0 35	15 247	28	5 12	0	0	0 14	4 370	13	3 13	0 2	0 5	0 13	31 777
Administrative Support Workers	4	8	7	1	3	0	0	0	19	10	6	0	0	3	61
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	1	10	1	4	0	0	2	7	1	20	2	0	0	50
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
CURRENT 2024 REPORTING YEAR TOTAL	60	80	606	57	111	1	3	24	640	51	136	5	5	24	1803
CORRENT 2024 REPORTING TEAR TOTAL	UU	UU	000	JI	111		J	24	040	JI	130	Ü	Ü	24	1003
PRIOR 2023 REPORTING YEAR TOTAL	57	77	618	60	113	2	2	22	630	53	124	5	6	19	1788
FRIOR 2023 REPURTING TEAR TOTAL	31	· · ·	010	30	113	_		~~	030	55	124	J	0	19	1700

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/28/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID 1357752 ADDRESS ADDRESS ADDRESS CITY/TOWN BRIDGEWATER NJ 08807

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 5/29/2025 12:43 PM [EST]

EMPLOYER'S CER	TIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Kathleen Fitzpatrick	Sr Vice President, Chief Human Resource Officer
Email Address of Certifying Official	Telephone Number of Certifying Official
kathleen.fitzpatrick@bauschhealth.com	908-952-5991
PRIMARY POINT OF CONTACT (POC) I	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Danielle Sabatelle	Executive Director Global Talent Acquisition
	BAUSCH HEALTH US LLC
Email Address of Primary POC	Telephone Number of Primary POC
danielle.sabatelle@bauschhealth.com	267-974-7039

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT													ation Dat	C. 11/30/	2020
			SECT	TION A	- TYPl	E OF RI	EPORT								
			Н	EADQU	ARTE	RS REF	ORT								
		SECT		B – EMP				TION							
OFS COMPANY ID		SECI	ION	- ENII	LOIL	KIDEN		OYER N	AME						
1357752						RΔI	JSCH F			1.0					
						DAG									
ADDRESS							CI	TY/TOW	VN			STATE		ZIP CO	DE
400 Somerset Corpo	rate Bo	ulevard					BRID	GEWA	TER			NJ		0880)7
SECTION C - H	EADOU	ARTE	RS OR	ESTAB	LISHN	IENT-I	EVEL	IDENT	IFICA'	TION (it	f applica	able)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID	B.ID QU									Γ-LEVEL		.010)			
1357752						B	ausch F	Health I	ISTIC	:					
		EL ADE	DECC									COT A TEXT	1	ZID CO	DE
HEADQUARTERS OR ESTABLISHM															
400 Somerset 0	Corp Blv	orp Blvd BRIDGEWATER NJ C)7
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)														
	330949894														
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) \(\sum \text{NO} \) (Employer Is Not Eligible to File) \(\sum \text{EMPLOYER NO LONGER IN BUSINESS} \)															
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION E - FEDERAL CONTRACTOR DESIGNATION (if applicable)															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): G1L1GBQUTGH5															
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)															
-															
X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
X YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
	551114 - Corporate, Subsidiary, and Regional Managing Offices SECTION H – WORKFORCE DEMOGRAPHIC DATA														
	SE	CTION	V H – V	VORKF	ORCE										
							Race/E		,						
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale	1			1	Fen	nale			
						_						_			
				_		o de	ō	es		_		o de	ō	es	
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row
JOB CATEGORIES	-	<u>o</u>	an an	fri	_	a Isl	ıdi	9		o eri	_	lä lä	ıdi	oz o	Total
	Male	na	White	r A	Asian	a w	בו מ	or	White	Sk Am	Asian	a w	Z Z	<u>0</u>	
	Σ	Female	⋝	ck or Afric American	As	ac I	car ska	Σ	⋝	Black or	As	記言	car	Σ	
		_		acl		<u>.</u> ₹	eri Ia:	ō		ш <u>і</u> ў		<u>§</u> ₽	eri	ō	
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						~ ŏ	1	_				~ ō	1	_	
Executive/Senior Level Officials and Managers	2	0	33	1	0	0	0	0	7	0	1	0	0	0	44
First/Mid-Level Officials and Managers	4	6	74	6	24	0	0	1	55	7	25	0	0	1	203
Professionals	8	18	68	7	35	0	0	1	106	19	39	1	0	4	306
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Administrative Support Workers	1	8	4	1	2	0	0	0	15	10	5	0	0	2	48
Craft Workers													0		
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2
CURRENT 2024 REPORTING YEAR TOTAL	15	32	180	16	61	0	0	2	185	36	70	1	0	7	605
COMMENT 2027 REPORTING TEAR TOTAL	10	JZ	100	10	O I	v	U	_	100	00	10		U	'	000
PRIOR 2023 REPORTING YEAR TOTAL	10	32	168	12	62	0	0	1	156	36	60	1	0	5	543

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/28/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	SECTION A - T	YPE OF REPORT											
	ESTABLISHMEI	NT-LEVEL REPORT											
SECTION B - EMPLOYER IDENTIFICATION													
OFS COMPANY ID		EMPLOYER NAME											
1357752													
ADDRES	S	CITY/TOWN	STATE	ZIP CODE									
400 Somerset Co	rporate Boulevard	BRIDGEWATER	NJ	08807									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
A535666		Bausch Health US LLC											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
8540 Colonnade C	NC	27615											
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 330949894													

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): G1L1GBQUTGH5

YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

424210 - Drugs and Druggists' Sundries Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	0	0	0	0	0	0	4	0	0	0	0	0	5
Professionals	0	1	2	0	0	0	0	0	1	1	1	0	0	0	6
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	2	2	0	0	0	0	0	5	1	1	0	0	0	11
PRIOR 2023 REPORTING YEAR TOTAL	0	1	4	0	0	0	0	0	7	1	0	0	0	0	13

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/28/2024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER	2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									
		TYPE OF REPORT								
	ESTABLISHME	NT-LEVEL REPORT								
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME BAUSCH HEALTH US LLC								
1357752										
ADDRES	CITY/TOWN	STATE	ZIP CODE							
400 Somerset Co	rporate Boulevard	BRIDGEWATER	NJ	08807						
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E							
EA38724		Bausch Health US LLC								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
11818 North (Creek Pkwy N	BOTHELL	WA	98011						
		ENTIFICATION NUMBER (EIN)	<u> </u>							
		0373593								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	SS						
		ACTOR DESIGNATION (if applicable) <u>II</u>): G1L1GBQUTGH5								
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Fed	eral Contractor)						

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

SECTION G – NAICS INFORMATION
334510 - Electromedical and Electrotherapeutic Apparatus Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	21	0	4	1	0	0	5	0	2	0	0	0	35
Professionals	4	2	35	1	12	0	0	5	16	0	9	0	0	1	85
Technicians	2	0	15	2	5	0	0	0	4	0	2	0	0	0	30
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	0	2	0	1	0	0	0	4	0	1	0	0	1	11
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	2	1	10	1	4	0	0	2	7	1	20	2	0	0	50
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	11	4	83	4	26	1	0	7	36	1	34	2	0	2	211
PRIOR 2023 REPORTING YEAR TOTAL	9	4	77	2	25	2	0	5	31	1	32	1	0	1	190

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/28/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

	`	,	Expirati	on Date: 11/30/2026							
	SECTION A - T	YPE OF REPORT									
	ESTABLISHMEI	NT-LEVEL REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
1357752 BAUSCH HEALTH US LLC											
ADDRES	SS	CITY/TOWN	ZIP CODE								
400 Somerset Co	rporate Boulevard	BRIDGEWATER	NJ	08807							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Ι Ε								
FP74580		Bausch Health US LLC									
HEADQUARTERS OR ESTABLIS	CITY/TOWN	STATE	ZIP CODE								
1330 Redwood Way PETALUMA CA											
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (EIN)	•								

330949894

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): G1L1GBQUTGH5

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

325411 - Medicinal and Botanical Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
	Hior	ania	1							otino					
		anic	ļ			-1-	JON	Hispan	ic or L	atino	F				
	or L	atino			IVI	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	3	1	6	0	5	0	0	0	3	0	4	0	0	0	22
Professionals	5	2	5	1	2	0	0	1	6	0	11	0	0	0	33
Technicians	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	8	3	12	1	8	0	0	1	9	0	16	0	0	0	58
PRIOR 2023 REPORTING YEAR TOTAL	7	3	12	1	9	0	0	1	10	0	15	0	0	1	59

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/28/2024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2024 EMI LOTER	SECTION A - TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID ADDRESS ADDRESS CITY/TOWN 400 Somerset Corporate Boulevard SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (ESTABLISHMENT-LEVEL UNIT ID FZ20341 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS FIEld Sales 400 Somerset Corp Blvd SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 330949894 SECTION E - EMPLOYER FILING ELIGIBILITY			n Date: 11/30/2026						
	~									
	SECTION B - EMPLO	OYER IDENTIFICATION								
OFS COMPANY ID		EMPLOYER NAME								
1357752 BAUSCH HEALTH US LLC										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE						
400 Somerset Co	rporate Boulevard	BRIDGEWATER	NJ	08807						
SECTION C -	- HEADQUARTERS OR ESTABLI	ISHMENT-LEVEL IDENTIFICATION (if app	olicable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HI	EADQUARTERS OR ESTABLISHMENT-LEVEL NA	ME							
FZ20341		Bausch Health US LLC								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
Field Sales 400 So	omerset Corp Blvd	BRIDGEWATER	NJ	08807						
		` '								
	SECTION E – EMPLOY	YER FILING ELIGIBILITY								
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File)	ER IN BUSINE	SS						
		ACTOR DESIGNATION (if applicable)								

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

424210 - Drugs and Druggists' Sundries Merchant Wholesalers

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	4	75	8	3	0	2	0	29	0	0	0	0	2	124
Professionals	0	0	5	0	1	0	0	0	8	0	2	0	0	0	16
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	24	35	247	28	12	0	1	14	368	13	13	2	5	13	775
Administrative Support Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	26	39	329	36	16	0	3	14	405	13	15	2	5	15	918
PRIOR 2023 REPORTING YEAR TOTAL	31	37	357	45	17	0	2	15	426	15	17	3	6	12	983

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/28/2024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)