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| U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) | | | | | | | | | | EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026 | | | | | |
| SECTION A – TYPE OF REPORT CONSOLIDATED REPORT | | | | | | | | | | | | | | | |
| SECTION B – EMPLOYER IDENTIFICATION | | | | | | | | | | | | | | | |
| OFS COMPANY ID 0642391 | | | EMPLOYER NAME THERMO FISHER SCIENTIFIC INC. | | | | | | | | | | | | |
| ADDRESS 168 THIRD AVENUE | | | | | | CITY/TOWN WALTHAM | | | | STATE MA | | ZIP CODE 02451 | | | |
| SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) | | | | | | | | | | | | | | | |
| HQ/ESTABLISHMENT-LEVEL UNIT ID | | | HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME | | | | | | | | | | | | |
| HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS | | | | | | CITY/TOWN | | | | STATE | | ZIP CODE | | | |
| SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) | | | | | | | | | | | | | | | |
| SECTION E – EMPLOYER FILING ELIGIBILITY | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS | | | | | | | | | | | | | | | |
| SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) | | | | | | | | | | | | | | | |
| Unique Entity ID (UEI): | | | | | | | | | | | | | | | |
| <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input checked="" type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor) | | | | | | | | | | | | | | | |
| SECTION G – NAICS INFORMATION | | | | | | | | | | | | | | | |
| SECTION H – WORKFORCE DEMOGRAPHIC DATA | | | | | | | | | | | | | | | |
| JOB CATEGORIES | Race/Ethnicity | | | | | | | | | | | | | | Row Total |
| | Hispanic or Latino | | Not Hispanic or Latino | | | | | | | | | | | | |
| | | | Male | | | | | | Female | | | | | | |
| | 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 | |
| Executive/Senior Level Officials and Managers | 11 | 5 | 145 | 10 | 26 | 0 | 0 | 6 | 121 | 7 | 19 | 0 | 0 | 5 | 355 |
| First/Mid-Level Officials and Managers | 339 | 234 | 3624 | 302 | 636 | 12 | 14 | 121 | 3140 | 317 | 557 | 8 | 11 | 103 | 9418 |
| Professionals | 792 | 812 | 6993 | 737 | 2004 | 24 | 30 | 307 | 7293 | 1451 | 2293 | 40 | 31 | 361 | 23168 |
| Technicians | 349 | 372 | 1584 | 632 | 478 | 21 | 9 | 130 | 887 | 487 | 288 | 11 | 8 | 67 | 5323 |
| Sales Workers | 85 | 67 | 967 | 63 | 95 | 2 | 4 | 40 | 859 | 61 | 114 | 5 | 4 | 31 | 2397 |
| Administrative Support Workers | 123 | 245 | 761 | 170 | 111 | 2 | 5 | 43 | 1813 | 598 | 276 | 6 | 14 | 98 | 4265 |
| Craft Workers | 60 | 7 | 401 | 58 | 25 | 0 | 4 | 17 | 18 | 9 | 2 | 0 | 0 | 0 | 601 |
| Operatives | 518 | 486 | 1336 | 592 | 310 | 21 | 11 | 91 | 802 | 388 | 258 | 10 | 4 | 48 | 4875 |
| Laborers and Helpers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Service Workers | 2 | 15 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 23 |
| CURRENT 2024 REPORTING YEAR TOTAL | 2279 | 2243 | 15812 | 2565 | 3685 | 82 | 77 | 756 | 14934 | 3318 | 3809 | 80 | 72 | 713 | 50425 |
| PRIOR 2023 REPORTING YEAR TOTAL | 2236 | 2174 | 16282 | 2577 | 3772 | 96 | 82 | 690 | 15443 | 3484 | 3824 | 86 | 73 | 650 | 51469 |
| SECTION I – WORKFORCE SNAPSHOT PERIOD 12/17/2024 - 12/31/2024 | | | | | | | | | | | | | | | |
| SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) | | | | | | | | | | | | | | | |
| Not Applicable | | | | | | | | | | | | | | | |