Attachment

Safety or Environmental Violations and Experience Modification Rate

Pre-Award Contractor Safety and Environmental Record Form

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Contact: _____

1. Utilizing your OSHA 300 Forms, please complete the following information:

Category	**2022**	**2023**	**2024**
Number of man hours (jobsite and office).			
Number of cases involving days away from work, restricted activity, or both (Column H and I of OSHA 300).			
Days away, restricted, or transferred rate (# of days away, restricted, or transferred cases x 200,000/# of man hours) (DART Rate).			
Number of serious, willful, or repeat violations from OSHA or any EPA violations within the last 3 years. Please attach explanation for any violations.			

Please attach copies of the following documents: OSHA 300 and 300a Forms. These forms can be accessed through the OSHA publications search page: http://www.osha.gov/pls/publications/publication.html.

2. Who administers your company's Safety and Health Program?

   _____

3. Company's Insurance Experience Modification Rate (EMR) for the past 3 years (an EMR of 1 or less is required): _____