Safety or Environmental Violations and Experience Modification Rating Information

1. All Bidders/Offerors shall submit information pertaining to their past Safety and Environmental record. The Bidders/Offerors needs to explain if they have more than three (3) serious, or one (1) repeat or one (1) willful OSHA or any EPA violation(s) in the past three years.

2. All Bidders/Offerors shall submit information regarding their current Experience Modification Rate (EMR). This information shall be obtained from the Bidder's/Offeror's insurance carrier and be furnished on the insurance carrier's letterhead. If a Bidder/Offeror's EMR is above 1.0, Bidder/Offeror must submit a written explanation of the EMR from its insurance carrier furnished on the insurance carrier's letterhead, describing the reasons for the elevated EMR.

3. Self-insured contractors or other contractors that cannot provide their EMR rating on insurance letterhead must obtain a rating from the National Council on Compensation Insurance, Inc. (NCCI) by completing/submitting form ERM-6 and providing the rating on letterhead from NCCI. Note: Self-insured contractors or other contractors that cannot provide EMR rating on insurance letterhead from the states or territories of CA, DE, MI, NJ, ND, OH, PA, WA, WY, and PR shall obtain their EMR rating from their state-run worker's compensation insurance rating bureau.

4. If the NCCI cannot issue an EMR because the Bidder/Offeror lacks insurance history, Bidder/Offeror shall submit a letter indicating so from its insurance carrier furnished on the insurance carrier's letterhead and include a letter from the NCCI indicating that is has assigned Bidder/Offeror a Unity Rating of 1.0.

5. The above information, along with other information obtained from Government systems, such as the OSHA and EPA online inspection history databases, will be used to make an initial Determination of Responsibility.

6. This requirement is applicable to all subcontracting tiers, and prospective prime contractors are responsible for determining the responsibility of their prospective subcontractors.

PRE-AWARD CONTRACTOR SAFETY AND ENVIRONMENTAL RECORD EVALUATION FORM

Information provided below is current and applicable to Solicitation:
Company Name: _____
Address:_____
Telephone:_____Fax:_____
Email:_____
Contact: _____

Utilizing the completed OSHA 300 Forms, please complete the table below:

Category	2023	2024	2025
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 within the last 3 years. Please attach explanation for any violations.			

Please attach copies of the following documents: OSHA 300 (Log of Work-Related Injuries and Illnesses) and 300a Forms (Summary of Work-Related Injuries and Illnesses).

These forms can be accessed through the OSHA publications search page: http://www.osha.gov/pls/publications/publication.html.

1. Provide six-digit North American Industrial Classification System (NAICS) Code for this acquisition: 238210

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

   _____

3. Company's Insurance Experience Modification Rate (EMR):

   _____