Attachment 1 - RFP No. 36C24726R0096
Experience Modification Rate Form
Offeror To Complete & return with response to solicitation

Company Name: _____

Address: _____

_____

Telephone: _____ Email: _____

Contact: _____

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

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. (Four serious, one repeat, or one willful disqualifies the contractor.)			

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. Company's Insurance Experience Modification Rate (EMR) for the past 3 years :

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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 ensure the contractor meets Experience Modification Rate indicated in the solicitation.