

ENVIRONMENTAL, SAFETY AND HEALTH EVALUATION WORKSHEET

OFFERORS NAME: _____

SOLICITATION NUMBER: _____

DATE OF SUBMISSION: _____

1. Experience Modification Rate (EMR). List your firm's Worker's Compensation Insurance interstate EMR for the immediate past three years. (Use intrastate rating if interstate rating is not available).

year	_____	rate	_____		
year	_____	rate	_____	3-year average	_____
year	_____	rate	_____		

NOTE: The offeror must provide as an attachment hereto, a letter from its Workman's Compensation Insurance Carrier certifying the EMR data provided above.

2. OSHA Total Recordable Case Rate (TRC). List your firm's cumulative injury statistics rates below for the past three (3) full calendar years using the BLS formula to determine recordability. NOTE: TRC Rate is derived from the total number of injuries and illnesses related to a common exposure base of 100 full time workers. The common exposure base enables one to make accurate inter-industry comparisons, trend analysis over time, or comparisons among firms regardless of size. The rate is calculated as: $N \times 200,000 \div EH$ (where N = total number of injuries and illnesses (recordable cases); 200,000=base for 100 full time equivalent workers (working 40 hours per week, 50 weeks per year); and EH = total hours worked by all employees during the calendar year).

year	_____	# recordable cases	_____	Man-hours	_____	Recordable rate	_____
year	_____	# recordable cases	_____	Man-hours	_____	Recordable rate	_____
year	_____	# recordable cases	_____	Man-hours	_____	Recordable rate	_____
3-year average		_____					

The offeror must attach copies of the OSHA Annual Summary Logs (OSHA's Form 300A) for the previous 3 years and a current year OSHA 300 Log for the months during the period since the last annual report.

3. Number of fatalities (previous three years and the current year) _____
4. For companies which are exempt from record keeping requirements per 29 CFR 1904.1 (ten or fewer employees), complete the above Items 1 and 3 and provide an attachment to this form summarizing the cause of the injuries/illnesses for the past three (3) years including current year. Additionally, include corrective action taken to prevent re-occurrence.