

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.