

## Pre-Award Contractor Safety and Environmental Record Evaluation Form

Information provided below is current and applicable to Solicitation 36C24918R0223:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

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

Category	2014	2015	2016
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 and 300a Forms.** These forms can be accessed through the OSHA publications search page:

<http://www.osha.gov/pls/publications/publication.html>.

2. Provide six-digit North American Industrial Classification System (NAICS) Code for this acquisition: \_\_\_\_\_

3. Who administers your company's Safety and Health Program?  
\_\_\_\_\_.

4. Company's Insurance Experience Modification Rate (EMR): \_\_\_\_\_