

Pre-Award Contractor Safety and Environmental Record Evaluation Form

Information provided below is current and applicable to Solicitation 36C24918B0354

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Company Name: _____
 Address: _____
 Telephone: _____ Fax: _____
 Email: _____
 Contact: _____

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

Category	2016	2017	2018
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): _____