

STATEMENT OF BIDDER'S SAFETY EXPERIENCE

Section 00410

**BIDDER'S SAFETY EXPERIENCE
(To Be Submitted Post-Bid)**

Solicitation Number: _____ (to be filled in by Contractor)

NAME OF BIDDER: _____

Pursuant to Section 252.0435 of the Local Government Code, the OWNER will consider the safety records of bidders prior to awarding a City contract. Upon request, a bidder is required to provide information to demonstrate the safety and health performance of their company. The information obtained from a bidder or from other sources will be used to determine the bidder's safety record, and will not automatically be used to exclude the bidder from selection for this or any future procurement. The OWNER will consider the responses to this Section 00410 document separately when making a discretionary determination of whether to disqualify a bidder, and may also consider the cumulative impact of the information generated by the bidder's responses in making the determination. Bidders are responsible for reviewing the safety records of proposed subcontractors.

Upon notification from the OWNER, the three (3) apparent low bidders are required to provide the following information:

WORKERS' COMPENSATION EXPERIENCE MODIFICATION RATE DATA			
Provide bidder's Workers' Compensation Experience Modification Rate (EMR) Data using the loss experience that occurred within the past five years. Attach bidder's NCCI workers compensation experience rating sheets for the past five (5) years.		Policy Year	EMR
	Current EMR:		
	1 Year Ago:		
	2 Years Ago:		
	3 Years Ago:		
	4 Years Ago:		
Bidder's initialing here certifies that bidder does not have an EMR: _____ <i>(Submit a copy of bidder's Insurance Loss Run Reports for the last five years if bidder does not have an EMR.)</i>			
Bidder may include additional information explaining any circumstances that may have affected the company's EMR rate.			
Evaluation: less than .7 is considered superior, .7 to 1.0 is considered acceptable, and greater than 1.0 is considered below standard.			

REGULATORY NOTICE AND CITATION HISTORY DATA	
<p>Provide bidder's information regarding regulatory OSHA and/or Environmental Protection Agency Notices and Citations as follows:</p> <p>Describe federal, state, city/municipal or county OSHA notices of noncompliance or citations issued to or received by the bidder within the past five years or any notices from any environmental protection agency, including, but not limited to the Texas Commission on Environmental Quality (TCEQ), the U. S. Environmental Protection Agency, the U. S. Fish and Wildlife Service, the U.S. Army Corps of Engineers, the Texas Department of State Health Services, the Texas Parks and Wildlife Department, the Structural Pest Contract Service, as well as any notices or citations from any state agency or local government responsible for enforcing environmental protection or other health and safety laws or regulations of any state of the United States, received within the past five years.</p>	<p>Provide a description of each on the OSHA/EPA form below to include:</p> <ul style="list-style-type: none"> • Date of Citation/Notices • Issuing agency • Standard cited • Level of violation (i.e. de minimus, serious, egregious, willful) • Dates and brief description(s) of the event(s) • Brief description(s) of actions taken to correct the violation(s) • Current status (Open, Closed, Contested) • If Closed, date of Closure • If Open, estimated date of Closure
<p>Bidder may include additional information explaining any related circumstances.</p>	
<p>Evaluation: Information may be verified by referring to respective agency. Violations that are listed as serious or willful will be treated with greater weight.</p>	

Bidding Requirements, Contract Forms and Conditions of the Contract

OSHA and/or Environmental Protection Agency Notices Within Past Five Years						
Date of Citation or Notice	Issuing Agency	Violation Level (i.e. serious, willful)	Brief description of event	Brief description of actions taken to correct violation(s)	Current Status (Open, Closed, Contested)	Closed Date, or if Open, estimated Close Date

Bidding Requirements, Contract Forms and Conditions of the Contract

INJURY AND ILLNESS INCIDENCE RATE DATA	
Provide bidder's *Total Case Incidence Rate(s) (TCIR) for the 3 most recent calendar years. Attach bidder's OSHA 300 and 300A logs for the past 3 years.	TCIR Rates: Current Rate: _____ 1 Year Ago: _____ 2 Years Ago: _____
DAYS AWAY, RESTRICTED, AND TRANSFER RATE DATA	
Provide bidder's **Days Away, Restricted, and Transfer Rate(s) (DART) for the three most recent calendar years.	DART Rates: Current Rate: _____ 1 Year Ago: _____ 2 Years Ago: _____
Bidder may include additional information explaining any circumstances that may have affected the submitted rates and/or their associated three year trends.	
Evaluation: Rates will be compared to the most recently published Bureau of Labor Statistics (BLS) national average for the Standard Industrial Classification code (SIC) or North American Industrial Classification Systems (NAICS) code for the construction industry. For consideration of another code within the construction industry, the Bidder must provide the code and justification.	

**TCIR – To calculate the calendar year TCIR, determine the total number of all recordable injuries and illnesses that occurred during the year in question, divide that total by the total number of hours worked by all employees during that year, and multiply the result by 200,000.*

*** DART – To calculate the calendar year DART, determine the total number of recordable injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer that occurred during the year in question, divide that total by the total number of hours worked by all employees during that year, and multiply the result by 200,000.*

ACKNOWLEDGEMENT

THE STATE OF TEXAS

COUNTY OF TRAVIS

I certify that my responses and the information I have provided are true and correct to the best of my personal knowledge and belief and I have made no willful misrepresentations in this, or withheld any relevant information in my statements. I am aware that any information given by me in response to this Section 00410 may be investigated and I hereby give my full permission for any such investigations, and I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my bid to be rejected or cause any contract based on misrepresentations to be cancelled.

Contractor's full name and entity status:

(Name/Signature of Authorized Official)

Title

Date

END