Revised August 3, 2011

SAVE PRINT CLEAR FORM

Attachment F3-2

ENVIRONMENT, SAFETY AND HEALTH WORKSHEET

Subcontractor Name:

Worksheet completed by:

Date:

Proposed LANS Subcontract Number: 241314

1.	**Experience Modification Rate (EMR)**		
	List your firm's Interstate EMR for the past three (3) years and total hours worked.		
	Year:	EMR:	Hours Worked:
	Year:	EMR:	Hours Worked:
	Year:	EMR:	Hours Worked:
	3-year average:		
	If the state where the jobsite is located has an EMR rating system, provide the state EMR for the past three (3) years and the total hours worked.		
	Year:	EMR:	Hours Worked:
	Year:	EMR:	Hours Worked:
	Year:	EMR:	Hours Worked:
	3-year average:		
2.	**Total Recordable Case (TRC) and Days Away/Restricted/Transferred Case (DART) Rates**		
	List the cumulative injury statistics rates for the past three (3) years using the BLS formula to determine recordability.		
	Year:	TRC: DART:	Hours Worked:
	Year:	TRC: DART:	Hours Worked:
	Year:	TRC: DART:	Hours Worked:
	3-year average:	TRC: DART:	
	Attach copies of the OSHA Annual Summary Logs (OSHA's Form 300A) for the three most recent years and a current year OSHA 300 Log for the months during the period since the last annual report.		
	Any OSHA fine(s) over the past three (3) years? No	If yes, provide a written explanation on an attachment to this form.	
3.	**Fatalities**		
	Any fatalities within the last three (3) years? No If Yes, list total number of fatalities: , and provide a written explanation for each fatality on an attachment to this form.		
4.	**Bureau of Alcohol, Tobacco, and Firearms violations**		
	Any Bureau of Alcohol, Tobacco, and Firearms violations within the last three (3) years? No If Yes, list the number: , and type of violations: .		
5.	For companies exempt from record keeping requirements per 29 CFR 1904.1 (ten or fewer employees), complete items 1 and 3 above and summarize the cause of the injuries/illnesses for the past three (3) years, including the current year, on a separate attachment to this form. Additionally, include corrective actions taken to prevent re-occurrence.		

6.	Check your type of work for the most recent 3 year period: ☐ Non-Residential Building, include dates: ☐ Heavy (Non-Highway) Construction, include dates: ☐ Mechanical, include dates: ☐ Electrical, include dates: ☐ Other (State type and date):
7.	List key Safety and Health personnel planned for this project. Please list name and expected position. **NAME** **POSITION**
8.	List key Environmental personnel planned for this project. Please list name and expected position. **NAME** **POSITION**
9.	**Environmental Record**
	Has your firm been subject to any environmental enforcement proceedings before a Federal or State agency within the last five (5) years? No If Yes, for each proceeding provide the name of the agency, the nature of the proceeding, the charge(s) and the result on an attachment to this form.
	Has your firm violated or exceeded any federal or state environmental standard, requirement, regulation or statute within the last three (3) years? No If Yes, for each violation give a brief description of the nature of the violation on an attachment to this form.

NOTE: This form is for evaluation purposes only and will not be a part of a Subcontract.

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