STATEMENT OF BIDDER'S SAFETY EXPERIENCE

Section 00410

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

Solicitation Number:	(to be	e filled in by Cor	ntractor)
NAME OF BIDDER:			
Pursuant to Section 252.0435 of the Local safety records of bidders prior to awarding a to provide information to demonstrate the some The information obtained from a bidder or foodder's safety record, and will not automatified this or any future procurement. The ON 00410 document cumulatively when making disqualify a bidder. Bidders are responsible subcontractors.	a City contract. Upsafety and health from other source cally be used to e WNER will considing a discretional	poon request, a because of the performance of the control of the control of the performance of the response of the response of the response of the response of the performance of the response	oidder is required of their company. to determine the er from selection as to this Section of whether to
Upon notification from the OWNER, the three the following information:			· · · · · · · · · · · · · · · · · · ·
WORKERS' COMPENSATION EXPERIEN	CE MODIFICAT	ION RATE DAT	ΓΑ
Provide bidder's Workers' Compensation		Dollov Voor	EMR
Experience Modification Rate (EMR) Data using the loss experience that	Current EMR:	Policy Year	EMK
occurred within the past five years.	1 Year Ago:		
·	2 Years Ago:		
Attach bidder's NCCI workers	3 Years Ago:		
compensation experience rating sheets for the past five (5) years.	4 Years Ago:		
Bidder's initialing here certifies that bidder (Submit a copy of bidder's Insurance Loss does not have an EMR.) Bidder may include additional information of affected the company's EMR rate.	Run Reports for t	the last five yea	
Evaluation: Bidders are not required t average in order to be awarded the co		ied EMR or any	y certain EMR

REGULATORY NOTICE AND CITATION HISTORY DATA

Provide bidder's information regarding regulatory OSHA and/or Environmental Protection Agency Notices and Citations as follows:

Describe federal, state, city/municipal or county OSHA notices of noncompliance or citations issued to or received by the bidder within the past three years or any notices from any environmental protection agency, including 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 three years.

Provide a description of each on the OSHA/EPA form on the following page to include:

- Date of Citation/Notices
- Issuing agency
- Standard cited
- Level of violation (i.e. serious, 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

Bidder may include additional information explaining any related circumstances.

Evaluation: Information may be verified by referring to respective agency. More than two serious or more than one willful or repeated violation (investigation completed) within the past three years may deem the Bidder non-responsive.

	OSHA and/or Environmental Protection Agency Notices Within Past Three 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	TCIR Rates:				
Rate(s) (TCIR) for the 3 most recent					
calendar years.	Current Rate:				
January Caron	1 Year Ago:				
Attach bidder's OSHA 300 and 300A logs	2 Years Ago:				
for the past 3 years.					
Tor the past 5 years.					
DAYS AWAY, RESTRICTED, AND TRANSFI	ED DATE DATA				
Provide bidder's **Days Away,	DART Rates:				
	DAKI Kates.				
Restricted, and Transfer Rate(s)					
(DART) for the three most recent calendar	Current Rate:				
years.	1 Year Ago:				
	2 Years Ago:				
Bidder may include additional information exp					
affected the submitted rates and/or their asse	ociated 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. Bidders					
	that exceeds the 3-year TCIR or DART				
industry average may be deemed non-re	sponsive.				

^{*}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.

Bidding Requirements, Contract Forms and Conditions of the Contract

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				