

STATEMENT OF OFFEROR'S SAFETY EXPERIENCE

Section 00410DB

OFFEROR'S SAFETY EXPERIENCE

Project: Mueller Energy Center Chiller Capacity Addition

Solicitation Number: CLMA038

CIP ID Number: 7190.018

NAME OF OFFEROR:

Pursuant to Section 2269.055 and 2269.307 of the Local Government Code, the OWNER will consider the safety records of potential contractors prior to awarding City contracts. The City of Austin has adopted the following written definitions and criteria for accurately determining the safety record of an Offeror prior to awarding City contracts. The term "Offeror" includes the firm, corporation, partnership, or other legal entity represented by the Offeror or anyone acting for such firm, corporation, partnership or other entity submitting a Proposal. An Offeror is required to provide information to demonstrate the safety and health performance of their company. The information obtained from an Offeror or from other sources will be used to determine the Offeror's safety record, and will not automatically be used to exclude the Offeror 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 an Offeror, and may also consider the cumulative impact of the information generated by the Offeror's responses in making the determination. Offerors are responsible for reviewing the safety records of proposed subcontractors.

Offerors are required to provide the following information:

| WORKERS' COMPENSATION EXPERIENCE MODIFICATION RATE DATA | | | |
|---|--------------|--------------------|------------|
| Provide Offeror's Workers' Compensation Experience Modification Rate (EMR) Data using the loss experience that occurred within the past five years. Attach Offeror'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: | | |
| Offeror's initialing here certifies that Offeror does not have an EMR: _____ | | | |
| <i>(Submit a copy of Offeror's Insurance Loss Run Reports for the last five years if Offeror does not have an EMR.)</i> | | | |
| Offeror may include additional information explaining any circumstances that may have affected the company's EMR rate. | | | |

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| Evaluation: Offerors with a 5-year EMR average that exceeds the 5-year industry average EMR by more than 25% may be deemed non-responsive. |

| REGULATORY NOTICE AND CITATION HISTORY DATA | |
|--|---|
| <p>Provide Offeror'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 Offeror 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.</p> | <p>Provide a description of each on the OSHA/EPA form on the next page to include:</p> <ul style="list-style-type: none"> • 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 |
| <p>Offeror may include additional information explaining any related circumstances.</p> | |
| <p>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 Offeror non-responsive.</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 |
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| INJURY AND ILLNESS INCIDENCE RATE DATA | |
|---|--|
| Provide Offeror's *Total Case Incidence Rate(s) (TCIR) for the 3 most recent calendar years. Attach Offeror'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 Offeror'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: _____ |
| Offeror 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 Offeror must provide the code and justification. Offerors with a 3-year TCIR or DART average that exceeds the 3-year TCIR or DART industry average may be deemed non-responsive. | |

**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