# Contractor Safety and Environmental Record Evaluation Form

**Information provide below is current and applicable to Solicitation 36C77621B0016**

Company Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **2018** | **2019** | **2020** | **2021** |
| 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.   |  |  |  |  |