EXAMPLE #1
Example for New FIRM
Established less than 1 year
* Please do not omit any information *
VIRGINIA DEPARTMENT OF TRANSPORTATION
Safety Index Rating Form
Date: XI XXI 2013 Vendor Number X1234 OR NEW
Firm Name: XYZ FIRM
Contact Person Safety Manager or Officer
Address:
Telephone Number: (XX) $X - X - X - X$
Facsimile Number: (XX) $XX - X - X$
Requirements of this form include provisions for the evaluation of a new or existing firm's safety record. The Safety Index Score of this evaluation will count 30% toward the firm's prequalification score. The Contractor's Performance Evaluation will account for the remaining 70%. An original Safety Index rating form is required to be submitted annually with the firm's prequalification submissions. This evaluation is to be completed and signed by an authorized person whose signature is on file in the prequalification office of the Scheduling and Contract Division. $300/300^{H}$. The submission of this form must linclude a letter from the firm's insurer indicating the EMR numbers, and applicable OSHA-2009300 logs as well as any OSHA/ VOSHA citations or VDOT issued suspensions referenced in Part II questions 3, 4 & 5. If firm has 10 or less employees - Indicate this on Part II #2 The maximum score for this evaluation is 300. The Contractor's score is determined by deducting the sum of the points calculated in Part I and Part II and deducting it from 300. 300-8-15=277
Safety Index Score: 300 - (Part I Total Points) - (Part II Total Points) =
(Subtract Part 1 \$2 from 300)-1 OFFICIAL USE ONLY
Safety Index Rating: Prequalification Expires:
Approved By: Date:
Notes:
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10-3-07 PART I: Contractor's Safety Philosophy Profile (20 Points) Listed below are questions to be used to determine your company's overall safety philosophy profile. Please provide the answer that best describes your company's present business approach and attitude towards safety. Ves V No 1. Does your company have a designated safety manager? If so please provide: Company Safety Manager: Name: Phone: 2. Does your company provide pre-employment drug screening for all potential field employees? Yes No 3. Are regular safety meetings held on project sites with all on-site employees? Yes No 4. Does your company check motor vehicle records for all employees who operate company vehicles? Yes No Are all company employees provided with formal safety training? 5 Vyes ____No If so provide a brief synopsis of the types of formal safety training provided to your employees and the date of the most recent training offered: <u>-Give Exact date (M/D/Y) of most</u> <u>recent formal training</u> in a classroom set If the. Rnswer is Give specific description of IES" fill class train "10 Information

Example for New Firm

Established less than I year

Form C-38

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Part I: Point Total (total number of "No" responses x 4):	<u> </u>
2×4=8 -	ト

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Example for New Firm Established less than 1 year (continued) Form C-38 10-3-07

PART 2: Contractor's Safety Operating Profile (280 Points)

Fil las Listed below are questions to be used to determine your company's safety operating profile. Please provide the answers that best describe your company's present business operating practices regarding safety.

- 1. List your firm's Experience Modification Rate (EMR) for the six most recent years: (Information is available from your workers' compensation insurance carrier)
 - If your business does not have six years of rates available use most recent available.
 - If you do not have an EMR, please attach an explanation (i.e. marine contractor).

		Year: Year: Year: Year:	Rate:	1.0	Scoring: 1 point for each 0.85 not to exce	0.01 the reported average is above ed 50 points	
	Year: Rate: Year: Rate: Average: 1, 0			(i.e. An EMR of 0.91 results in a score of 6 points; an EMR of 0.79 results in the score of 0) Points:			
l in the t 3 nplete lears	2. Using your firm's OSHA 200/300 log and the form Total Recordable Cases for the three most recent y compare the rate to OSHA's most recent national i # Indicate here if 10 or less of incidence Rete for total recordable cases = (Number of recordable in calendar yeer) x 200,000 # More than 10 er YearSof OSHA 200 VearSof OSHA 200 Year: Rate: Year: Rate Year: Rate: Year: Rate Year: Rate: Year: Rate				t years of available data'. The Department will I industry average for those years. $S \ employ \ esc \ (Points \ would \ then = 0)$ Incidents total hours worked by all employees during the 		
		Rating: (Contractor Avg + Industry Avg)				Points: O	
¹ Last three available years. Contractor and Industry years do not need to reflect the same period. ¹¹ U.S. Industry Rates are available on the Bureau of Labor Standards website: http://data.bls.gov/IIRC/ = USE this website Find the USE the U							
T	Note	e: If OSHA 200/30	0 logs are not mai	ntained, please attach	an explanation		

3. Has OSHA or VOSH issued to your company and declared <u>final</u> any citation(s) for repeat violation(s) of any OSHA defined serious injury in Virginia in the past 5 years?
Yes _____No. If yes, please attach a detailed list of the violations.

Scoring: 0 Points if answered "No". If yes, 10 points for each citation not to exceed 60 points.

Points: O

Example for New Firm Established less than 1 year Form C-38 (continued)

4. Within the last two years, has your company received any final citations classified by OSHA or VOSH as being willful in Virginia? Yes No If so, how many citations: Attach copy(ies) of the citation(s).

Scoring: 0 Points if answered "No". If yes, 15 points for each citation not to exceed 60 points.

Points: U

Points: U

5. Has your company within the last three years received any formal written suspensions by the Virginia Department of Transportation for violation of one of the safety emphasis areas below? If applicable, attach a copy of each written suspension.

		Date Issued
Excavating, Trenching, or Shoring:	Yes Y No	
Fall Protection:	Yes V No	
Crane Safety:	Yes No	
Equipment Safety Devices (backup alarms, etc.):	Yes No	
Workzone Traffic Control:	Yes No	
and 9 43 (30) 8 Houst according to Park and Differentiation		

Scoring: 15 points for each response of "Yes" not to exceed 60 points.

Part II: Point Total: sum of points from questions 1 - 5) Questions 1. + 2. + 3. + 4. + 5. = PARTIE: POINT TOTAL<math>V V V V = 15

PART 3: Certification

I hereby certify that the information provided in this document is true and accurate to the best of my knowledge. Material misrepresentations in any section shall be reason for discounting some or all points that the sections allows toward pregualification.

Signature:	Safety	Manage	Date:	M/D/YR	
Name:		、	Title:		
	(print or type)	>			

North American Industry Classification System codes (2002)

237310: Highway and Street Construction except Elevated Highways 237310: Bridge and elevated highway construction 237990: Tunnel Construction 238210: Highway lighting and signal installation 238320: Bridge Painting

If your company performs multiple classifications listed above along with Highway and Street construction, use NAICS Code 237310.

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For additional NAICS codes, contact OSHA of the U.S. Department of Labor or visit their website.