

Contractor Safety and Environmental Record Evaluation Form

Information provide below is current and applicable to Solicitation 36C77623B0005

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.				