

## CONTRACTOR SAFETY PREQUALIFICATION RESPONSIBILITY DETERMINATION WORKSHEET

Contractor: \_\_\_\_\_

Date: \_\_\_\_\_

For Line Items 1 thru 4, in the Requested Data, Base on Results of the Page 2 Worksheet	Not Met	Check the Appropriate Box in Each Category	Met
1. 3-Year Averages of EMR - W/C Risk Ratings	<input type="checkbox"/>	≤ 1.0 Target is met > Target is exceeded	<input type="checkbox"/>
2. 3-Year Averages - Incidence Rates			
a. Total Recordable CASES (TRC)	<input type="checkbox"/>	Target - ≤ 100% - is met Target - > 100% - is exceeded	<input type="checkbox"/>
b. Total CASES Involving Days Away from Work AND Days of Restricted work (DART)	<input type="checkbox"/>	Target - ≤ 100% - is met Target - > 100% - is exceeded	<input type="checkbox"/>
c. Total CASES Involving ONLY Days Away from Work (DARL)	<input type="checkbox"/>	Target - ≤ 100% - is met Target - > 100% - is exceeded	<input type="checkbox"/>
d. Number of Fatalities	<input type="checkbox"/>	Target (0) is met Target (0) is exceeded	<input type="checkbox"/>
3. Average Number of Serious and/or Repeat Violations per OSHA/State Plan Inspection	<input type="checkbox"/>	Target ≤ 0.7 is met Target > 0.7 is exceeded	<input type="checkbox"/>
4. Number of Willful Violations	<input type="checkbox"/>	Target (0) is met Target (0) is exceeded	<input type="checkbox"/>

Subcontractor is found to be responsible

Number of targets **NOT** met - 1; 2a, b, c, 3

(> 2 = not responsible): \_\_\_\_\_

Subcontractor is found not to be responsible

Number of targets **NOT** met - 2d; 4

(1 or more = not responsible): \_\_\_\_\_

**Prepared by:**

\_\_\_\_\_

*Print First and Last Name*

\_\_\_\_\_

*Signature / Date*

**Safety Review:**

\_\_\_\_\_

*Print First and Last Name*

\_\_\_\_\_

*Signature / Date*

## CONTRACTOR SAFETY PREQUALIFICATION RESPONSIBILITY DETERMINATION WORKSHEET (Continued)

<b>Contractor:</b> _____			<b>NAICS:</b> _____
<b>1. EMR/Risk Rating:</b>		<b>Average</b>	
Year:	_____	Overall:	_____
<b>Employee Hours:</b>		<b>Average</b>	
Year:	_____	Overall:	_____
<b>2a. Total No. of Recordable Cases:</b>			<b>Incidence Rates 3-Year Average</b>
Year:	_____	2a 1R:	_____
(TRC): (Overall Avg. _____	X 200,000/Average Employee Hours)		(Target)
		BLS Avg. for NAICS*:	_____
<b>2b. Total No. of Cases Involving Days Away from Work AND Restricted Work:</b>			
Year:	_____	2b 1R:	_____
(DART): (Overall Avg. _____	X 200,000/Average Employee Hours)		(Target)
		BLS Avg. for NAICS*:	_____
<b>2c. Total No. of Cases Involving ONLY Days Away from Work:</b>			
Year:	_____	2c 1R:	_____
(DART-L): (Overall Avg. _____	X 200,000/Average Employee Hours)		(Target)
		BLS Avg. for NAICS*:	_____
<b>2d. No. of Fatalities:</b>			
<b>3. Total No. of OSHA/State-Plan Inspection:</b>	<b>No. of Serious and/or Repeat Citations:</b>	<b>Citations Divided by Inspections:</b>	
<b>4. No. of Willful Citations:</b>			
<b>Evaluation Workup by:</b>			
_____		_____	
<i>Print First and Last Name</i>		<i>Signature / Date</i>	
<b>Safety Review:</b>			
_____		_____	
<i>Print First and Last Name</i>		<i>Signature / Date</i>	