# Bonding Requirements and Safety Record

Bonding Requirements:

Provide your original Proof of Bonding Letter in accordance with the requirements of Section 3.0 F of this RFP.

Safety Record:

In the case of a joint venture submission, include all information required below, for each parent company if the joint venture entity does not have at least a three (3) year experience base.

Respond to the following question:

Has the Contractor, or any officer of the Contractor or any employee of the Contractor who has a proprietary interest in the making of this Proposal, ever been disqualified, removed, or otherwise prevented from bidding on or completing any federal, state, or local governmental project because of a violation of law or safety regulations:

[ ]  No [ ]  Yes

If your answer is yes, explain the circumstances here:

A. Attach a copy of the company’s OSHA Form 300 – Log and Summary of Occupational Injuries and Illnesses for the past two (2) calendar years.

B. Recent Incidence Data:

Complete this chart, or attach one with the same format. Following OSHA reporting guidelines, provide incidence data for the two (2) most recently completed projects listed under.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **A** | **B** | **C** | **D** | **E** | **F** | **G** |
|  | # OF WORK RELATED INJURIES | # OF WORK RELATED ILLNESSES | LOST DAYS OF WORK (CONVERT TO HOURS) | TOTAL HOURS WORKED BY COMPANY EMPLOYEES | **INCIDENCE RATE FOR INJURIES**(A)x(200,000)(D) | **INCIDENCE RATE FOR ILLNESSES**(B)x(200,000)(D) | **INCIDENCE RATE FOR LOST DAYS**(C)x(200,000)(D) |
| PROJECT #1: |  |  |  |  |  |  |  |
| PROJECT #2: |  |  |  |  |  |  |  |
| COMPANY TOTALS |  |  |  |  |  |  |  |

C. Recent OSHA Citation and Disciplinary Action

Complete this chart, or attach one with the same format, with your company’s federal and state OSHA citation and disciplinary action, and Experience Modification Ratio (EMR) for the current and past two (2) years. **If your EMR is greater than 1.0, you must provide a written explanation.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YEAR | EMR | NO. OF FEDERAL/STATE CITATIONS | NO. OF FEDERAL/STATE CITATIONS RESOLVED WITHOUT PENALTY | NO. OF FEDERAL/STATE CITATIONS RESOLVED WITH PENALTY | NO. OF FEDERAL/STATE CITATIONS PENDING |
| CURRENT: |  |  |  |  |  |
| 1 YEAR AGO: |  |  |  |  |  |
| 2 YEARS AGO: |  |  |  |  |  |

D. Describe your organization’s program to ensure the safety of your staff, and the safety of your subcontractors, court staff, members of the public, and the building upon which work is being performed.

E. Submit a copy of the Table of Contents of your organization’s “Project Safety Manual” or its equivalent.