

**STATEMENT OF BIDDER'S SAFETY EXPERIENCE**

Section 00410

**BIDDER'S SAFETY EXPERIENCE  
(To Be Submitted Post-Bid)**

**Solicitation Number:** \_\_\_\_\_ (to be filled in by Contractor)

**NAME OF BIDDER:** \_\_\_\_\_

Pursuant to Section 252.0435 of the Local Government Code, the OWNER will consider the safety records of bidders prior to awarding a City contract. Upon request, a bidder is required to provide information to demonstrate the safety and health performance of their company. The information obtained from a bidder or from other sources will be used to determine the bidder's safety record, and will not automatically be used to exclude the bidder from selection for this or any future procurement. The OWNER will consider the responses to this Section 00410 document cumulatively when making a discretionary determination of whether to disqualify a bidder. Bidders are responsible for reviewing the safety records of proposed subcontractors.

Upon notification from the OWNER, the three (3) apparent low bidders are required to provide the following information:

<b>WORKERS' COMPENSATION EXPERIENCE MODIFICATION RATE DATA</b>			
Provide bidder's Workers' Compensation Experience Modification Rate (EMR) Data using the loss experience that occurred within the past five years.  Attach bidder's NCCI workers compensation experience rating sheets for the past five (5) years.		<b>Policy Year</b>	<b>EMR</b>
	Current EMR:		
	1 Year Ago:		
	2 Years Ago:		
	3 Years Ago:		
	4 Years Ago:		
Bidder's initialing here certifies that bidder does not have an EMR: _____  <i>(Submit a copy of bidder's Insurance Loss Run Reports for the last five years if bidder does not have an EMR.)</i>			
Bidder may include additional information explaining any circumstances that may have affected the company's EMR rate.			
<b>Evaluation: Bidders are not required to have a specified EMR or any certain EMR average in order to be awarded the contract.</b>			



**Bidding Requirements, Contract Forms and Conditions of the Contract**

<b>OSHA and/or Environmental Protection Agency Notices Within Past Three Years</b>						
<b>Date of Citation or Notice</b>	<b>Issuing Agency</b>	<b>Violation Level (i.e. serious, willful)</b>	<b>Brief description of event</b>	<b>Brief description of actions taken to correct violation(s)</b>	<b>Current Status (Open, Closed, Contested)</b>	<b>Closed Date, or if Open, estimated Close Date</b>

**Bidding Requirements, Contract Forms and Conditions of the Contract**

<b>INJURY AND ILLNESS INCIDENCE RATE DATA</b>	
Provide bidder's <b>*Total Case Incidence Rate(s) (TCIR)</b> for the 3 most recent calendar years.  Attach bidder's OSHA 300 and 300A logs for the past 3 years.	<b>TCIR Rates:</b> Current Rate: _____ 1 Year Ago: _____ 2 Years Ago: _____
<b>DAYS AWAY, RESTRICTED, AND TRANSFER RATE DATA</b>	
Provide bidder's <b>**Days Away, Restricted, and Transfer Rate(s) (DART)</b> for the three most recent calendar years.	<b>DART Rates:</b> Current Rate: _____ 1 Year Ago: _____ 2 Years Ago: _____
Bidder may include additional information explaining any circumstances that may have affected the submitted rates and/or their associated three year trends.	
<b>Evaluation: Rates will be compared to the most recently published Bureau of Labor Statistics (BLS) national average for the Standard Industrial Classification code (SIC) or North American Industrial Classification Systems (NAICS) code for the construction industry. For consideration of another code within the construction industry, the Bidder must provide the code and justification. Bidders with a 3-year TCIR or DART average that exceeds the 3-year TCIR or DART industry average may be deemed non-responsive.</b>	

*\*TCIR – To calculate the calendar year TCIR, determine the total number of all recordable injuries and illnesses that occurred during the year in question, divide that total by the total number of hours worked by all employees during that year, and multiply the result by 200,000.*

*\*\* DART – To calculate the calendar year DART, determine the total number of recordable injuries and illnesses resulting in days away from work, restricted work activity, and/or job transfer that occurred during the year in question, divide that total by the total number of hours worked by all employees during that year, and multiply the result by 200,000.*

**ACKNOWLEDGEMENT**

THE STATE OF TEXAS

COUNTY OF TRAVIS

I certify that my responses and the information I have provided are true and correct to the best of my personal knowledge and belief and I have made no willful misrepresentations in this, or withheld any relevant information in my statements. I am aware that any information given by me in response to this Section 00410 may be investigated and I hereby give my full permission for any such investigations, and I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my bid to be rejected or cause any contract based on misrepresentations to be cancelled.

**Contractor's full name and entity status:**

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(Name/Signature of Authorized Official)

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Title

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Date

**END**