Example for Established Firm
With an EMR Average Less Than .85

* Please do not omit any information *

VIRGINIA DEPARTMENT OF TRANSPORTATION
Safety Index Rating Form

Date: XX/XX/2013

Vendor Number: X1234

Firm Name: XYZ Firm

Contact Person: Safety Manager or Officer

Address:

Telephone Number: (xxx) XXX-XXXX

Facsimile Number: (xxx) XXX-XXXX

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.

The submission of this form must include a letter from the firm's insurer indicating the EMR numbers, and applicable OSHA 200/201 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 - 85 = 215

Safety Index Score: 300 - (Part I Total Points) - (Part II Total Points) =

(SUBTRACT PART I & II FROM 300)

OFFICIAL USE ONLY

Safety Index Rating: 

Prequalification Expires: 

Approved By: 

Date: 

Notes:

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Example for Established Firm
With an EMR Average Less Than 85
(continued)

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.

1. Does your company have a designated safety manager? ___Yes ___No
   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

5. Are all company employees provided with formal safety training? ___Yes ___No

If the answer is 'Yes', fill in information

   - Give exact date (M/D/Y) of most recent formal training in a classroom setting.
   - Give specific description of "in class training."

Part I: Point Total (total number of "No" responses x 4): ___8

2 x 4 = 8

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>.74</td>
</tr>
<tr>
<td>2011</td>
<td>.70</td>
</tr>
<tr>
<td>2010</td>
<td>.71</td>
</tr>
<tr>
<td>2009</td>
<td>.78</td>
</tr>
<tr>
<td>2008</td>
<td>.77</td>
</tr>
<tr>
<td>2007</td>
<td>.77</td>
</tr>
<tr>
<td>Average</td>
<td>.75</td>
</tr>
</tbody>
</table>

Scoring: 1 point for each 0.01 the reported average is above 0.85; not to exceed 50 points

(i.e. An EMR of 0.91 results in a score of 6 points; an EMR of 0.76 results in the score of 0)

Points: 0

2. Using your firm's OSHA 200/300 log and the formula below, determine your Incidence Rate for Total Recordable Cases for the three most recent years of available data. The Department will compare the rate to OSHA's most recent national industry average for those years.

Incidence Rate for total recordable cases = (Number of recordable incidents -- total hours worked by all employees during the calendar year) x 200,000

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
<th>U.S. Industry Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>5.0</td>
<td>1.96</td>
</tr>
<tr>
<td>2011</td>
<td>5.8</td>
<td>1.75</td>
</tr>
<tr>
<td>2010</td>
<td>3.6</td>
<td>1.21</td>
</tr>
<tr>
<td>Avg:5.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rating: Conv. Avg + Industry Avg = 1.96

Scoring: 0 points for Rating ≤ 1.75; 1 point for each 0.01 above 1.75 up to a maximum of 50 points (Rating = 1.25)

Points: 21

3. Has OSHA or VOSH issued to your company and declared_final 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 50 points.

Points: 20

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4. Within the last two years, has your company received any final citations classified by OSHA or VOSH as being **cited** 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: 15

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.  

<table>
<thead>
<tr>
<th>Excavating, Trenching, or Shoring:</th>
<th>Yes</th>
<th>No</th>
<th>Date Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Protection:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crane Safety:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment Safety Devices (backup alarms, etc.):</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Workzone Traffic Control:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scoring: 15 points for each response of “Yes” not to exceed 60 points.  
Points: 0

**Questions**  

$$1 + 2 + 3 + 4 + 5 = \text{PART II: POINT TOTAL}$$  

$$0 + 5 + 15 + 0 = 20$$  

**PART II: Point Total:** (sum of points from questions 1 - 5)  

56

**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 prequalification.  

Signature: Safety Manager  
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.

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