

EXAMPLE #1

Example for New Firm
Established less than 1 year

* Please do not omit any information *

VIRGINIA DEPARTMENT OF TRANSPORTATION
Safety Index Rating Form

INDICATE

Date: XX/XX/2013

Vendor Number X1234 OR 'NEW'

Firm Name: XYZ FIRM

Contact Person Safety Manager or Officer

Address: _____

Telephone Number: (XXX) XXX-XXXX
Facsimile Number: (XXV) 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.

300/300A

The submission of this form must include a letter from the firm's insurer indicating the EMR numbers, and applicable OSHA-200/300 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.

$300 - 8 - 15 = 277$

Safety Index Score: $300 - (\text{Part I Total Points}) - (\text{Part II Total Points}) =$ 277

(Subtract Part I & 2 from 300) →

OFFICIAL USE ONLY

Safety Index Rating: _____ Prequalification Expires: _____

Approved By: _____ Date: _____

Notes: _____

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10-3-07

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 so provide a brief synopsis of the types of formal safety training provided to your employees and the date of the most recent training offered:

→
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 →

Example for New Firm Established less than 1 year (continued)

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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).

Year: <u>2013</u>	Rate: <u>1.0</u>	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 8 points; an EMR of 0.79 results in the score of 0)
Year: _____	Rate: _____	
Average: <u>1.0</u>		Points: <u>15</u>

$300/300A \quad 1.0 - 0.85 = 0.15 \times 100 = 15 \uparrow$

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 data¹. The Department will compare the rate to OSHA's most recent national industry average for those years.

** Indicate here if 10 or less employees (Points would then = 0)*
 Incidence Rate for total recordable cases = (Number of recordable incidents ÷ total hours worked by all employees during the calendar year) x 200,000 ** IF More than 10 employees, need full completed year(s) of OSHA logs **

Fill in the last 3 complete years

Contractor		U.S. Industry ^{††}		Scoring: 0 points for Rating ≤ 0.75; 1 point for each 0.01 above 0.75 up to a maximum of 50 points (Rating = 1.25)
Year: _____	Rate: _____	Year: _____	Rate: _____	
Year: _____	Rate: _____	Year: _____	Rate: _____	
Year: _____	Rate: _____	Year: _____	Rate: _____	
Avg.: <u>0</u>		Avg.: _____		
Rating: (Contractor Avg + Industry Avg) <u>0</u>			Points: <u>0</u>	

If firm is less than 1 year old the points will be = 0

¹ Last three available years. Contractor and industry years do not need to reflect the same period.

^{††} U.S. Industry Rates are available on the Bureau of Labor Standards website: <http://data.bls.gov/IIRC/> *Use this website to find the U.S. Industry Rates!*

* North American Industry Classification System code (NAICS): XXXXXX (See NAICS codes listed on last page)
 Note: If OSHA 200/300 logs are not maintained, please attach an explanation.

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 60 points. Points: 0

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(continued)

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4. Within the last two years, has your company received any final citations classified by OSHA or VOSH as being willful 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: 0

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.

	Yes	No	Date Issued
Excavating, Trenching, or Shoring:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Fall Protection:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Crane Safety:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Equipment Safety Devices (backup alarms, etc.):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____
Workzone Traffic Control:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____

Scoring: 15 points for each response of "Yes" not to exceed 60 points.

Points: 0

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

15

Questions 1. + 2. + 3. + 4. + 5. = PART II: POINT TOTAL
 $\downarrow \quad \downarrow \quad \downarrow \quad \downarrow \quad \downarrow$
 15 + 0 + 0 + 0 + 0 = 15

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.