001-20 Appendix B - Safety Information Form
Construction Management-at-Risk (CMAR) Services for the Nassau Water Reclamation Facility (WRF) Upgrade Projects

Company Name: _____

Safety Performance - provide the following:

1. Provide the following safety statistics about the Applicant's firm:

   Past three (3) years Experience Modification Factor (EMF): _____

   _____

   Most recent loss time accident date: _____

   Current Accident Frequency Rate: _____

2. List the OSHA safety citations that have been levied against the Applicant's firm during the last three years:

Date	***Violation***	***Warning***	***Fine Amount***
_____	_____	_____	$_____
_____	_____	_____	$_____

3. Provide the firm's 2016, 2017, 2018 and 2019 OSHA logs for the following:

Description	2016	2017	2018	2019
Number of lost workday cases				
Number of restricted workday cases				
Number of cases with medical attention only				
Number of fatalities				
Number of employee hours worked				