

079-19 Appendix B - Safety Information Form
Construction Management-at-Risk (CMAR) Services for the Greenland Water Reclamation Facility (WRF)

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:

| <i>Date</i> | <i>Violation</i> | <i>Warning</i> | <i>Fine Amount</i> |
|-------------|------------------|----------------|--------------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |

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

| | 2016 | 2017 | 2018 |
|---|------|------|------|
| 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 | | | |