

SAFETY DATA SHEET

The purpose of this form is to provide safety information for Factor E, Safety. This form is to be completed by the Offeror. Only complete year safety data will be considered. Partial year data will not be considered. If data is not available for an entire five-year period, the Offeror shall provide an explanation.

Joint Ventures: If the Offeror is a Joint Venture, one Attachment JL-5 should be submitted for the Joint Venture. If there is no information for the Joint Venture, one Attachment JL-5 should be submitted for each Joint Venture partner. Proposals that fail to submit information for all Joint Venture partners may be rated lower.

Joint Venture Offerors must also demonstrate the relationship between the Joint Venture partners and identify each partner's roles and responsibilities under the Offerors' respective safety programs:

1. Offeror Name:

Name of Joint Venture partner (if applicable):

2. Offeror's Most Recent Five (complete) Years of Reported Safety Data:

	2015	2014	2013	2012	2011
OSHA Days Away from Work, Restricted Duty, or Job Transfer (DART) Rate					
Number of injuries and/or illnesses with days away, restricted work, or job transfer					
Total number of hours worked by all employees during the calendar year					
Federal, State and Municipal OSHA Citations Received by the Offeror					

3. Explanation of any incomplete safety data:

4. Explanation of all high rates received:

High Rate #1:	High Rate #2:	High Rate #3:
Type of rate (check one): <input type="checkbox"/> DART <input type="checkbox"/> F/S/M OSHA	Type of rate (check one): <input type="checkbox"/> DART <input type="checkbox"/> F/S/M OSHA	Type of rate (check one): <input type="checkbox"/> DART <input type="checkbox"/> F/S/M OSHA
Year:	Year:	Year:
Description of the underlying incident:	Description of the underlying incident:	Description of the underlying incident:
Resultant time lost:	Resultant time lost:	Resultant time lost:
Corrective action taken:	Corrective action taken:	Corrective action taken:

Amendment 0005

5. Explanation of all citations received:		
<u>Citation #1:</u> Date of citation: Description of the citation: Resultant time lost: Corrective action taken:	<u>Citation #2:</u> Date of citation: Description of the citation: Resultant time lost: Corrective action taken:	<u>Citation #3:</u> Date of citation: Description of the citation: Resultant time lost: Corrective action taken:
<u>Citation #4:</u> Date of citation: Description of the citation: Resultant time lost: Corrective action taken:	<u>Citation #5:</u> Date of citation: Description of the citation: Resultant time lost: Corrective action taken:	<u>Citation #6:</u> Date of citation: Description of the citation: Resultant time lost: Corrective action taken:
<i>Note: DART Rate= (A/B) x 200,000 A = number of injuries and/or illnesses with days away, restricted work, or job transfer B = total number of hours worked by all employees during the calendar year</i>		

Note: Form may be expanded.