

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: (XX) XXX-XXXX

Facsimile Number: (XX) 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: _____

Example for New Firm
Established less than 1 year

Form C-38
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
 $2 \times 4 = 8$ →

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

Form C-38
10-3-07

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> Year: _____ Rate: _____ Year: _____ Rate: _____ Year: _____ Rate: _____ Year: _____ Rate: _____ Year: _____ Rate: _____ Average: <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) Points: <u>15</u>
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300/350A $1.0 - 0.85 = .15 \times 100 = 15 \uparrow$

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 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.: _____		Points: <u>0</u>
Rating: (Contractor Avg + Industry Avg) <u>0</u>				

If firm is less than 1 year old the points would 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/IIRCI> ← 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

