

**2018-035 Capitol Campus
Child Care Center
Safety & Health Qualifications Statement**

- Please do not leave blanks on any item except lists; use 'n/a' if a field does not apply.
- This form may be completed electronically or by hand (please write legibly).

Legal Name of your Company:			
Street Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Phone:	Fax:	E-Mail Address:	
Is this address the: <input type="checkbox"/> Main Office <input type="checkbox"/> Regional Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Other _____			

1. Please list the trade(s) in which your company performs work:

CSI Division No.	Description

2. For work in Washington State (Intrastate), please list your company's Workers' Compensation Experience Modification Rate (EMR) for the most recent five years, using the Washington State Department of Labor and Industries ratings: <http://www.lni.wa.gov/ORLI/LoGon.asp>.

You must provide the EMR for Washington State if your company has performed work in Washington State. However, if your company has not worked in Washington State, proceed to question 3 below.

Year	Rate	Year	Rate	Year	Rate	Year	Rate	Year	Rate
2018		2017		2016		2015		2014	

3. For work in other states (Interstate), please list your company's Workers' Compensation Experience Modification Rate (EMR) for the most recent five years.

If your company is unable to provide state specific EMR information, an Interstate EMR reflecting all of the other states in which your company has performed work is acceptable.

State Name	Year	Rate	Year	Rate	Year	Rate	Year	Rate	Year	Rate
	2018		2017		2016		2015		2014	
	2018		2017		2016		2015		2014	
	2018		2017		2016		2015		2014	
	2018		2017		2016		2015		2014	

4. Does your company employ more than ten (10) persons? Yes No
- If 'yes' you must complete the answers to the following items A-G below.
 - If 'no' proceed to question 5 below.

Using the five most recent years of OSHA No. 300 Logs, please fill in the number of cases for each of the following categories: (**please attach a copy of your OSHA No. 300A form**)

	2018	2017	2016	2015	2014
A. Number of deaths (Total column G) Please provide a brief description of the circumstances surrounding any employee death(s):					
B. Number of days away from work and job transfer or restricted workday cases (Total Column H & I)					
C. Number of other recordable cases (Total Columns J)					
D. Number of days away from work cases (Total Column H)					
E. Employee Hours Worked					
F. OSHA Recordable Incidence Rate (See formula below)					
G. OSHA Lost Workday Incidence Rate (See formula below)					

Notes:

- Items in parenthesis above come from your OSHA No. 300 Log
- Employee Hours Worked = total number of hours worked during the year by all employees
- OSHA Recordable Incidence Rate= $[(A+B+C) \times 200,000 / \text{Employee Hours Worked}]$
- OSHA Lost Workday Incidence Rate= $[(D) \times 200,000 / \text{Employee Hours Worked}]$

5. Please provide the following safety information for three construction projects in which the superintendent proposed for this project was the superintendent for your company. The Incidence Rates reported below must include incidences for the contractor and subcontractors of any tier.

Project Name and Owner	Superintendent's Name	Recordable Incidence Rate for the Project	Lost Workday Incidence Rate for the Project

6. How many OSHA violation(s) has your Company received in the last five years?

Year	# of Violations	Year	# of Violations	Year	# of Violations	Year	# of Violations	Year	# of Violations
2018		2017		2016		2015		2014	

Were any of the OSHA violations considered willful violations: Yes No

Please give a brief description of all willful violation(s):

The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company:

Prepared by:

Title:

Signature _____ Date _____