

**Subcontractor Safety and Environmental Information Disclosure and Certification**

Seller hereby discloses and certifies the following safety information for CH2M HILL BWXT West Valley, LLC (CHBWV) review and evaluation:

Subcontractor: \_\_\_\_\_ CHBWV RFP#: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Safety Record Category	CHBWV Safety Rate Standard	Seller's Safety Rate
Current Experience Modification Rating (EMR) (Provide certified copy from your insurance carrier).	<b>0.9</b>	
Current <b>DOE</b> Days Away Restricted Transfer (DART) Rate (*) ( <b>▲</b> )	<b>0.7</b>	
Current <b>DOE</b> Total Recordable Case (TRC) Rate (*) ( <b>▲</b> )	<b>1.6</b>	
Current Days Away Restricted Transfer (DART) Rate (*)	(#)	
Current Total Recordable Case (TRC) Rate (*)	(#)	

(\*) Information is not required if specifically exempted by OSHA 1904 "Recording and Reporting Occupational Injuries and Illnesses." (Reference [www.osha.gov](http://www.osha.gov)) If your company is exempted please explain why.

(▲) Applicable only if your company has performed work at other DOE facilities

(#) The CHBWV Safety Rate Standard is a DART and TRC below the Bureau of Labor Statistics for your company's North American Industry Classification System (NAICS) code.

**Note:** If your company's Safety Rate exceeds the CHBWV Safety Rate Standard for any of the above categories, please provide supporting documentation which explains the variance.

1. List all OSHA violations within the last 3 years. If none, please indicate. If yes, list the status and all corrective actions (use additional sheets as necessary).

\_\_\_\_\_  
\_\_\_\_\_

2. List all fatalities within the past 5 years. If none, please indicate.

\_\_\_\_\_  
\_\_\_\_\_

3. List all state or federal Notices of Violations (including environmental and transportation) within the last 3 years. If none, please indicate. If yes, list the status and all corrective actions (use additional sheets as necessary).

\_\_\_\_\_  
\_\_\_\_\_

4. Include a *copy* of signed OSHA logs for the past 3 years (\*).

**Note:** CHBWV reserves the right to review Workers' Compensation loss runs for the prior 3 years if questions arise with respect to the OSHA log and EMR.

5. List any lower-tier subcontractor(s) that will be utilized to perform the work under this Request for Proposal.

<u>Name of Subcontractor</u>	<u>Type of Work to be Performed</u>
_____	_____
_____	_____

**CHBWV reserves the right to award or not award the proposed subcontract based on the safety information which has been disclosed. If deemed appropriate, CHBWV may impose additional safety requirements on the seller, at no additional cost to CHBWV, to ensure work is performed in a safe manner.**

Signature of Subcontractor Company Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_