

ATTACHMENT 3

National Renewable Energy Laboratory ENVIRONMENTAL, HEALTH, AND SAFETY OFFEROR RISK EVALUATION WORKSHEET

OFFEROR INFORMATION

Offeror (or Lower-Tier Subcontractor)

NREL Solicitation Number

Date of Submission

North American Industry Classification System Code

RISK EVALUATION

Initial Review and Acceptance. Construction offerors and their lower-tier subcontractors are required to meet NREL-acceptable environment, health, and safety (EHS) criteria prior to being awarded a subcontract or lower-tier subcontract to perform construction work at an NREL site. NREL considers a three-year average experience modification rate (EMR) of less than or equal to 1.00 **AND** a "No" response to questions 2, 3, and 4 to be acceptable.

Additional Evaluation and Assessment. Offerors or lower-tier subcontractors that report a three-year average EMR above 1.00 **OR** have responded "Yes" to questions 2, 3, and/or 4 are required to provide responses to questions 5 and 6 below. The EHS Office will evaluate and assess the offeror's or lower-tier subcontractor's additional responses to determine offeror or lower-tier subcontractor acceptability. However, NREL reserves the right to consider additional information requested by NREL used to determine whether the offeror or lower-tier subcontractor is accepted or rejected.

1. **Experience Modification Rate.** List your firm's workers' compensation insurance interstate EMR for the immediate past three years. (Use intrastate rating if interstate rating is not available.)

Offeror Experience Modification Rate:

Year	Rate	
_____	_____	_____
Year	Rate	_____
_____	_____	_____
Year	Rate	_____
_____	_____	Three Year Average _____

2. **Occupational Safety and Health Administration Citations.** Has your firm received one or more Occupational Safety and Health Administration (OSHA) citations in the last three years?

Yes No

If yes, provide a written explanation for each incident in an attachment to this form.

3. **Fatalities, Multiple Hospitalizations, or Amputation(s).** Has your firm experienced a single work-related incident resulting in a fatality, multiple hospitalizations of three or more, or amputation(s) in the last three years?

Yes No

If yes, provide a written explanation for each citation in an attachment to this form.

4. **Environmental Record.** Has your firm received violations pertaining to federal, state, or local environmental standard, regulation, or statute in the last three years?

Yes No

If yes, provide a written explanation for each violation in an attachment to this form.

If the offeror or lower-tier subcontractor reports a three-year average EMR of less than or equal to 1.00 **AND** has provided a "No" response to questions 2, 3, and 4, responses to questions 5 and 6 are not required.

If the offeror or lower-tier subcontractor reports a three-year average EMR above 1.00 **OR** has responded "Yes" to questions 2, 3, and/or 4, responses to questions 5 and 6 are required.

5. **Occupational Total Recordable Case Rate Statistics.** List your firm's occupational injury statistics for the past three full calendar years using the Bureau of Labor Statistics formula to determine the total recordable case (TRC) rate. The offeror must attach copies of the OSHA annual summary logs (OSHA 300A) for the previous three years and a current OSHA 300 log for the months

during the period since the last annual report.

NOTE. TRC rate is the number of OSHA recordable injuries and illnesses per 100 full-time equivalent (FTE) workers. The common exposure base enables one to make accurate inter-industry comparisons, trend analysis over time, or compare among firms regardless of size. The rate is calculated as: $N \times 200,000 / EH$ (where N = number of OSHA recordable injuries/illnesses; 200,000 = base for 100 FTEs [working 40 hours per week, 50 weeks per year]; and EH = total hours worked by all employees during the calendar year).

Occupational Safety and Health Administration Total Recordable Case Rate:

Year _____	# of OSHA recordable cases _____	Man-hours _____	Rate _____
Year _____	# of OSHA recordable cases _____	Man-hours _____	Rate _____
Year _____	# of OSHA recordable cases _____	Man-hours _____	Rate _____
Three-year average _____			

6. Occupational Days Away/Restricted or Transfer Rate Statistics. List your firm's days away/restricted or transfer (DART) rate for the past three full calendar years using the Bureau of Labor Statistics formula to determine the rate.

NOTE. The DART rate is a mathematical calculation that characterizes the number of OSHA recordable injuries and illnesses per 100 FTEs that resulted in days away from work, restricted work activity, and/or job transfers that a company has experienced in a given timeframe. The rate is calculated as: $N \times 200,000 / EH$ (where N = number of OSHA injury/illness cases resulting in days away/restricted or job transfer (OSHA's Form 300, Columns H + I); 200,000 = base for 100 FTEs [working 40 hours per week, 50 weeks per year]; and EH = total hours worked by all employees during the calendar year).

Occupational Safety and Health Administration Days Away/Restricted or Transfer Rate:

Year _____	# of OSHA DART cases _____	Man-hours _____	Rate _____
Year _____	# of OSHA DART cases _____	Man-hours _____	Rate _____
Year _____	# of OSHA DART cases _____	Man-hours _____	Rate _____
Three-year average _____			

FOR NREL USE ONLY – OFFEROR OR LOWER-TIER SUBCONTRACTOR ACCEPTABILITY EVALUATION – DO NOT WRITE BELOW THIS LINE

Offeror accepted

- EMR \leq 1.0 AND response to questions 2, 3, and 4 is "No"; or
- Other (provide explanation in comments)

Offeror rejected

- EMR > 1.0
- Offeror responded "Yes" to question 2, 3, and/or 4 (provide explanation in comments)
- OSHA TRC (provide explanation in comments)
- OSHA DART (provide explanation in comments)
- NREL past performance letters (provide explanation in comments and attach Contracts and Business Services Office letter)
- NREL past incident history (provide explanation in comments)
- Other (provide explanation in comments)

Comments _____

CERTIFICATION

A person authorized to make legally binding commitments on behalf of the offeror or lower-tier subcontractor must sign below. By signing below, the offeror or lower-tier subcontractor certifies, under penalty of law, that the responses provided in this worksheet are accurate.

Company/Organization Name _____

Signature _____ X _____ Signer's Printed Name _____

Title _____ Date _____

Telephone Number _____ Email address _____