

ATTACHMENT F3-1
Safety Performance Eligibility Requirements

It is CONTRACTOR'S policy that all work performed at LANL shall be conducted in a manner that protects workers, the public, and the environment. The objective of this policy is to establish a consistent site-wide approach to worker protection by incorporating safety and health into daily activities. To support the effective implementation of this policy, firms should have a demonstrated safety performance equal to or lower than the following standards:

Statistical Standards		
Experience Modification Rate (EMR)	The EMR is a number assigned to your company by your workers' compensation or other insurance carrier. It is based the insurance premium you pay and your loss statistics. Contact your insurer for these numbers.	Maximum Allowable Average: 1.0
Total Recordable Injury/Illness Case (TRC) Rate (from Company OSHA 300 log)	Rate = $\frac{(\text{Total Recordable Injuries/Illnesses} \times 200,000)}{\text{Total Employee Hours Worked}}$	Maximum Allowable Average: 3.2
DART Case Rate (Days Away From Work, Restriction, or Job Transfer) (from Company OSHA 300 log)	Rate = $\frac{(\text{Total Days Away/Restricted/Transferred Cases} \times 200,000)}{\text{Total Employee Hours Worked}}$	Maximum Allowable Average: 1.4

Bureau of Labor Statistics formulas for calculating TRC and DART rates:

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 20__
U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

Establishment Information

Your establishment name _____

Street _____

City _____ State _____ ZIP _____

Industry description (e.g., *Manufacture of motor truck trailers*) _____

Standard Industrial Classification (SIC), if known (e.g., 3715) _____

OR

North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment Information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees _____

Total hours worked by all employees last year _____

$$\text{TRC Rate} = \frac{[(G + H + I + J) \times 200,000]}{\text{Total hours worked by all employees last year}}$$

$$\text{DART Rate} = \frac{[(H + I) \times 200,000]}{\text{Total hours worked by all employees last year}}$$

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.) please contact Christine Baker at 606-2153.

SUBCONTRACTOR must submit a fully-completed Attachment F3-2, *Environment, Safety, and Health History Worksheet*, along with a letter from their Worker's Compensation Insurance Carrier to certify Experience Modification Rates. If SUBCONTRACTOR is a joint venture, association, consortia, or partnership that has fewer than three years of demonstrated safety and/or environmental performance, each entity comprising the joint venture, association, consortia, or partnership must submit a fully-completed Attachment F3-2, *Environment, Safety, and Health History Worksheet*, along with a letter from their Worker's Compensation Insurance Carrier to certify Experience Modification Rates.

If any of the above maximum allowable averages is exceeded, SUBCONTRACTOR shall provide information that clearly explains 1) the circumstances leading to the excessive rate, 2) steps taken to address the excessive rate, and 3) the effectiveness of the steps taken. Upon evaluating the circumstances surrounding an excessive rate, CONTRACTOR has the discretion to deem the SUBCONTRACTOR safety performance unacceptable and can require SUBCONTRACTOR to submit a written Safety Improvement and Sustainability Plan as part of the Site-Specific Environmental, Safety, and Health Plan. CONTRACTOR may also mandate a Safety Improvement and Sustainability Plan for SUBCONTRACTOR that has fewer than 3-years demonstrated safety and/or environmental performance.

If SUBCONTRACTOR intends to use lower-tier subcontractors to perform elements of the scope of work, these lower-tier subcontractors shall also meet the maximum allowable averages specified above. Any lower-tier subcontractor that does not meet one or more of the maximum allowable average safety performance eligibility requirements must be evaluated and approved by SUBCONTRACTOR and CONTRACTOR.