

Attachment 2

Health and Safety Qualifications Statement

**Redmond Municipal Airport
Terminal Building Expansion Project
City Project No. AP2205**

Proposer: _____

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Safety & Health Qualifications Statement
Redmond Municipal Airport
Terminal Building Expansion Project
City Project No. AP2205

- Please do not leave blanks on any item except lists; use “N/A” if a field does not apply.
- You may neatly handwrite the information.

Legal Name of your Business:			
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 Oregon, please list your business's Workers' Compensation Experience Modification Rate (Experience Factor) for the most recent three years, using the applicable Bureau of Labor and Industries ratings.

Year	Rate	Year	Rate	Year	Rate
2022		2021		2020	

3. For work in other states (interstate), please list your Company's Workers' Compensation Experience Modification Rate (Experience Factor) for the most recent three years.

State Name	Year	Rate	Year	Rate	Year	Rate
	2022		2021		2020	
	2022		2021		2020	
	2022		2021		2020	
	2022		2021		2020	

4. Does your business 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 6 below.
5. Using the three most recent years’ OSHA No. 300 Logs, please fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA No. 300 Logs).

REF	Category	2022	2021	2020
A	Number of deaths (Total column G) ¹			
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)			

¹ Please provide a brief description of the circumstances surrounding any employee death(s) 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) × 200,000/Employee Hours Worked]
- OSHA Lost Workday Incidence Rate= [(D) × 200,000/Employee Hours Worked]

6. 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

7. How many OSHA violation(s) has your business received in the last three years?

Year	# of Violations	Year	# of Violations	Year	# of Violations
2022		2021		2020	

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 Business: _____

Prepared by: _____

Title: _____

Signature: _____