

<b>Company Name:</b>		<b>Primary NAICS Code:</b>		
<b>ECC Project Name/Location/Dates (if applicable):</b>		<b>Purchase Order No. (if available):</b>		
<b>Loss History</b>	Current Year	Last Year	Previous Year	Previous Year
Experience Modification Rate (EMR) <b>(Attach verification letter from your workers' comp carrier)</b>				
Number of Fatalities <b>(Including those of subcontractors under your control)</b>				
Number of OSHA Recordable Injuries/Illnesses <b>(Attach an OSHA 300 Form for each year listed)</b>				
Number of cases with days away from work				
Total Employee Hours Worked by Year				
<b>Environmental Health and Safety (EHS) Compliance History</b>				
The following compliance questions relate to your company and operations over the past 5-year period. The term company is inclusive of all operations nationwide, all companies and operating divisions, and all company names currently and previously used.				
Has OSHA (federal or state) issued any citation(s) to your company?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has OSHA (federal or state) issued any citation(s) to subcontractors working on projects or sites managed by your company?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any past or pending environmental enforcement actions or environmental compliance violations for your company or subcontractors working on projects or sites managed by your company?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes to one of the above questions, attach a copy of the violation, citation, or enforcement action description, and a description of the company action taken to resolve the issue and prevent recurrence.</b>				
<b>Substance Abuse Programs</b>				
Does your company have a substance abuse program which includes pre-employment, "for cause", and post accident employee drug and alcohol testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your company have a program in place that complies with the Federal Drug-Free Workplace Act?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Environmental Health and Safety Programs</b>				
Does your company have an EHS program in place that complies with OSHA, EPA, DOT, and other applicable federal, state, and local regulations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Include a copy of the table of contents of your EHS Programs.</b>				
<b>Certification and Signature</b>				
I certify and declare under penalty of law that the foregoing environmental health and safety compliance history is true and correct, and that I am a duly authorized representative of the company.				
_____		_____		_____
Printed Name		Title		
_____	_____		_____	
Phone	Signature		Date	