

PARSONS

Subcontractor Qualification Scorecard

HEALTH and SAFETY

Please answer the following questions.

1. Yes No Do you have a written safety program? If yes, provide a copy of the table of contents and a copy of your firm's policy statement.
2. Yes No Do your safety procedures comply with government agency requirements? If yes, provide name of agency/agencies.

3. Yes No Do you require and use site-specific safety plans?
4. Yes No Does your worker's compensation carrier provide site audits on a regular basis?
5. Yes No Does your company have a written drug/substance abuse policy?
6. Yes No Do you have an orientation program for new hires?
7. Yes No If you have an orientation program for new hires, does it include subcontractors?
8. Yes No Do you require subcontractors to submit safety plans?
9. Yes No Do you hold site safety meetings for field supervisors?
How often? Weekly Biweekly Monthly Daily
10. Yes No Do you hold craft toolbox safety meetings?
How often? Weekly Biweekly Monthly Daily
11. Yes No Have you been inspected by OSHA or received any OSHA citations in the past 3 years? If yes, provide an attachment describing the outcome of the inspection along with copies of citations received. Provide a description of the actions taken to abate the citations as an attachment to this application. Respond to any open citations shown on the OSHA website (www.osha.gov).
12. Identify below by name, phone number, and title the person in your firm directly responsible for the firm's Safety Program management and attach a copy of his or her resume to this application.
13. How do you conduct project safety inspections, and how often are they performed?

14. Describe your firm's program to motivate, encourage, and monitor safe work performance.

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Subcontractor Qualification Scorecard (Contd)

OSHA INFORMATION:																																																																																											
<p>*Please use your OSHA 200 Log and/or 300 Log to fill in the number of injuries and illnesses for the last 3 years</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Year</td> <td>1(2019)</td> <td>2(2020)</td> <td>3(2021)</td> <td></td> <td></td> </tr> <tr> <td>Number of lost/restricted workday cases (Totals OSHA 200 Log, columns 2 and 9; Totals OSHA 300 Log, columns K and L).</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>Number of recordable cases without restricted activity or lost workdays (Totals OSHA 200 Log, columns 6 and 13; Totals OSHA 300 Log, column I and J).</td> <td>+ _____</td> <td>_____</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>Number of fatalities (Totals OSHA 200 Log, columns 1 and 8; Totals OSHA 300 Log column G).</td> <td>+ _____</td> <td>_____</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>Total OSHA Log (A)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td></td> </tr> </table>							Year	1(2019)	2(2020)	3(2021)			Number of lost/restricted workday cases (Totals OSHA 200 Log, columns 2 and 9; Totals OSHA 300 Log, columns K and L).	_____	_____	_____			Number of recordable cases without restricted activity or lost workdays (Totals OSHA 200 Log, columns 6 and 13; Totals OSHA 300 Log, column I and J).	+ _____	_____	_____			Number of fatalities (Totals OSHA 200 Log, columns 1 and 8; Totals OSHA 300 Log column G).	+ _____	_____	_____			Total OSHA Log (A)	_____	_____	_____			<p>Total employee hours worked in the last 3 years (do not include any non-work time, even though paid)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Year</td> <td>1(2019)</td> <td>2(2020)</td> <td>3(2021)</td> <td>Hours (B)</td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td></td> </tr> </table> <p>Recordable Injury Frequency Rate</p> <p>Multiply total for each year (A) x 200,000 and divide by total employee hours for that year (B)</p> $\frac{A \times 200,000}{B}$ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Year</td> <td>1(2019)</td> <td>2(2020)</td> <td>3(2021)</td> <td>Rate</td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td></td> </tr> </table> <p>Experience Modification Rate (EMR)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>Policy Year</td> <td>1(2019)</td> <td>2(2020)</td> <td>3(2021)</td> <td>EMR</td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> <td></td> <td></td> </tr> </table>							Year	1(2019)	2(2020)	3(2021)	Hours (B)			_____	_____	_____									Year	1(2019)	2(2020)	3(2021)	Rate			_____	_____	_____									Policy Year	1(2019)	2(2020)	3(2021)	EMR			_____	_____	_____		
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<p>The Applicant shall maintain records of such evaluations and make them available for review and approval of Parsons representatives at all reasonable times should Applicant be awarded a contract based on this application.</p> <p>By submitting this application, the Applicant agrees to use the above criteria and this form when selecting lower tier subcontractors.</p>																																																																																											