

Los Angeles Unified School District

Contractor Safety Prequalification Requirements

The Contractor Safety Prequalification Questionnaire has been developed to evaluate each Contractor's overall safety performance.

Safety Prequalification Requirements

- A. By submitting this Prequalification Questionnaire to the Los Angeles Unified School District (LAUSD), Contractor requests that it be prequalified to perform work for the District for a period of **one (1) year**.
- B. Submittal of this questionnaire specifically authorizes the District to investigate, or cause investigation of, any and all statements made in this questionnaire and to use the information obtained in such investigation in reviewing and scoring the responses in this questionnaire.
- C. **Prior to** entering into a contract with any Subcontractor, Prime Contractors must safety prequalify all tiers of their subcontractors, using the LAUSD Contractor/Subcontractor Safety Prequalification Questionnaire. At the discretion of, and when requested by an authorized LAUSD representative, Prime Contractors will provide a copy of their own Illness and Injury Prevention Program, as well as the subcontractor(s) Prequalification Audit for verification of compliance.
- D. LAUSD OCIP provides Workers Compensation coverage **only** for work on the particular LAUSD project, therefore, Workers Compensation insurance coverage covering all employees and operations of your firm is required. Contractors and all tiers of subcontractors must maintain an Experience Modification Rate (EMR) of no higher than 1.50 (For clarification, please see chart on page 19). It is the responsibility of the Contractor to ensure that they and their Subcontractors of every tier meet the Safety Prequalification requirements, including an Experience Modification Rate (EMR) of no higher than 1.50. As directed in CA State Assembly Bill 14, Chapter 899, Section 1, Article 60.3, Section 20919.4 (c) (1) (E) (i), Job Order Contracting requires an acceptable safety record. There is no difference in the requirement for JOC bidding. Therefore, if you receive prequalification approval, you are also approved to bid JOCs, within the approved limit.
- E. An EMR of over 1.50 is an automatic Safety Disqualification. However, prior to a disqualification the District will issue a Letter of Concern indicating the reasons, and may require a Prequalification Administrative Review to discuss the details of why the contractor failed to meet the requirements of the Safety Prequalification. The contractor may be disqualified from bidding on all District contracts, and that prime contractor and all tiers of his subcontractors may be removed from work currently being performed for the District.
- F. If a Contractor fails to meet the District's Safety Prequalification requirements, then they will not be allowed to bid on or be awarded District public works construction projects.

Ongoing Enrollment

- A. Prequalification enrollment is ongoing.
- B. If for any reason a Contractor fails to meet the safety requirements, a waiting period will be imposed before the Contractor can reapply.

Prequalification of Bidders

- A. Contractors are required to answer all questions contained in the Contractor Prequalification questionnaires.
- B. Questions regarding the Contractor Safety Prequalification Questionnaire may be directed to the LAUSD Facilities Construction Contracts (FCC) office @ 213-207-2300 and then press 4 for the Prequalification Unit. You may submit the Safety Questionnaire to the FCC office via FAX (213) 483-9643 or 483-9644 or you may mail it to: Facilities Construction Contracts, 1545 Wilshire Blvd., Suite 100, Los Angeles, CA 90017.
- C. Contractors shall certify by their signature that the information contained within these pages is true and correct to the best of their knowledge and that no attempt has been made to purposely give any false, omissive, or misleading information.
- D. The District reserves the right to request any and all documentation necessary to substantiate the Safety Prequalification Questionnaire submissions of the Contractor and of all tiers of Subcontractors used by this Contractor.
- E. The District will apply a uniform system to determine eligibility for bidding based on the Contractor Safety Prequalification Questionnaire.
- F. The questionnaire is not public record and will not be open to public inspection.

Life of Safety Prequalification

- A. Safety Prequalification approval is valid for one (1) year beginning on the first day as indicated on the Notice Of Prequalification Approval.
- B. Contractor records will be retained for a period of eighteen months after which time they may be destroyed.

Removal From Safety Prequalification List

- A. Contractors may be removed from the District's List of Safety Prequalified Contractors for any of the following:
 - 1. Submission of an inaccurate, false, or misleading Contractor Safety Prequalification Questionnaire.
 - 2. Failure to have an effective, written Injury and Illness Prevention Program (IIPP) and an effective, written safety policies and procedures in place.
 - 3. Failure to respond to safety noncompliance items noted on LAUSD Loss Control Surveys.
 - 4. Contractor's failure to Safety Prequalify all tiers of Subcontractors and/or Contractor's failure to enforce Subcontractor compliance with all safety protocol outlined in the LAUSD Safety Standards, the Contractor and Subcontractor safety standards, and the California Code of Regulations Title 8 and other referenced regulations.
 - 5. Adverse claims and/or insurance history of the Contractor or Subcontractors used by this Contractor.
 - 6. Failure to provide any documentation as requested.
- B. A waiting period will be imposed by LAUSD before a Contractor can reapply for prequalification.

Los Angeles Unified School District

CONTRACTOR/SUBCONTRACTOR SAFETY PREQUALIFICATION QUESTIONNAIRE

The information required in this questionnaire must include all construction work undertaken nationwide by the Bidder and any partnership, joint venture, or corporation that any principal of the Bidder participated in as a principal or owner for the last three (3) calendar years and the current calendar year prior to the date of the bid submittal. Separate information shall be submitted for each particular partner or joint venture. The Bidder may be requested to submit additional information or an explanation of data for evaluation of their safety record. Failure to provide all information listed below could result in exclusion from the bid process.

CONTRACTORS: Submit the completed Questionnaire to LAUSD's Facilities Construction Contracts (FCC) office.

SUBCONTRACTORS: Submit the completed Questionnaire to your Contractor for evaluation.

Date _____

Contractor's State License _____ Federal EIN / ID # _____

Company Name: _____ LAUSD FCC Vendor Code # _____
(Must be the same as shown on the CSLB License)

Street Address: _____
(PHYSICAL STREET ADDRESS ONLY – P.O. BOX IS NOT ACCEPTABLE)

City: _____ State: _____ Zip Code: _____

Contact Name & Title: _____

Tele: _____ Fax: _____ E-Mail: _____

For statistical information and to comply with the Board of Education of the City of Los Angeles' adopted (25%) participation goal for Small Business Enterprise (SBE), per contract, of the overall dollar amount of funds allocated to the school construction and modernization program, please provide the following information:

Is your firm certified by a public works agency as (Please check the appropriate box/es):
Small Business Enterprise , or Disabled Veterans Business Enterprise ?

► (Certifying Agency) _____
(PLEASE Attach a copy of your Certification from the certifying agency)

Indicate the percentage of Contract Work your company will self-perform. _____%

SECTION A:

Workers Compensation Insurance - Experience Modification Rate (EMR)

- Please obtain from your insurance agent/broker/carrier your intrastate EMRs for the last three rating periods. If you do not have an intrastate rating, obtain your interstate EMRs. Then, complete the following data and check the appropriate box for interstate or intrastate EMR.

	<u>Policy Year</u>	<u>Experience Modification Rate</u>	<u>Rating Type</u>
Current EMR	_____	_____	[] Intrastate
1 year ago	_____	_____	[] Interstate
2 years ago	_____	_____	
3 years ago	_____	_____	

By initialing here, I certify that this firm does not have an EMR*. _____

* You must submit a copy of your firm's Loss Runs for the last three years if your firm does not have an EMR.

Is your firm self-insured for Workers Compensation Claims? [] Yes* [] No

* If yes, please attach a copy of the latest Annual Report to the State of California Dept. of Industrial Relations and/or State of California Certificate of Self-Insurance.

2. Anniversary Rating Date: _____ Rating Bureau File # _____

3. Name of your firm's Workers' Compensation carrier _____

SECTION B.
OSHA/Lost Workday Incidence Rates

To answer the following questions, utilize data obtained from your firm’s OSHA 300 “Log and Summary of Occupational Injuries and Illnesses”, or Workers’ Compensation Loss Run (if your company has 10 or fewer employees).

ALL FIRMS HAVE DATA TO REPORT, AND MUST COMPLETE THIS SECTION!

1. **Industry Comparison Information.** Enter either your SIC or NAICS Code below:

Standard Industry Classification (SIC) Code _____

North American Industry Classification System (NAICS) Code _____

2. What is your company wide OSHA Total Case Incidence Rate* (recordable cases) for the **last three years?**

Year	# of Cases	Co. Hours****	Rate

3. What is your company wide Lost Workday Case Incidence Rate** (recordable cases with lost workdays or restricted duty) for the **last three years?**

Year	# of Cases	Co. Hours****	Rate

4. What is your company wide number of No Lost Workday Case Incidence Rate*** (recordable cases without lost workdays) for the **last three years?**

Year	# of Cases	Co. Hours****	Rate

Information to aid in completing Section B, #2, 3 and 4:

* OSHA Total Case Incidence Rate = $\frac{\text{Total \# of Recordable Cases} \times 200,000}{\text{Company Man-hours}}$

** Lost Workday Case Incidence Rate = $\frac{\text{\# of Lost Workday Cases} \times 200,000}{\text{Company Man-hours}}$

*** No Lost Workday Case Incidence Rate = $\frac{\text{\# of No Lost Workday Cases} \times 200,000}{\text{Company Man-hours}}$

**** Co. Hours = Hours worked by all employees on the Company payroll in the applicable calendar year.

- Additional information regarding this section can be found in the LAUSD Safety Resource Guide
- Do not use the number of lost workdays in these three calculations.
- Rates are not a “%”, nor should the number be similar to “0.00024”.
- To verify your calculations for a given year; check you math as follows:
 Lost Workday Case Rate + No Lost Workday Case Rate = Total Case Incidence Rate

SECTION C.

OSHA Citation (Violation) History

Has your company received any “serious”, “willful”, “repeat”, or “failure to abate” OSHA violations (citations) within the past sixty (60) months, beginning immediately prior to submittal of this Questionnaire? This question includes such citations if they have been appealed or contested, but have not yet been resolved. If yes, check “yes” below and submit copies of all citations and descriptions of abatement actions, your company Injury and Illness Prevention Program and Code of Safe Practices, **and** your OSHA 300 Log and Summaries for each of the last three years.

- [] Yes *If yes, list total number of citations (violations) by type per year in the table below.*
- [] No *If the contractor has answered “no” to having received any citations classified as “serious,” “willful,” “repeat” or “failure to abate” and such violations are found during the verification process the contractor will not be prequalified. A waiting period may be imposed by LAUSD before the contractor can reapply.*

Year	Serious	Willful	Repeat	Failure to Abate	Total
2006					
2005					
2004					
2003					
2002					
2001					

SECTION D.

Safety Policies and Procedures (17 Questions)

#	Question	YES	NO	Points
1.	<u>Injury and Illness Prevention Program.</u> Does your company have an effective, written Injury and Illness Prevention Program (IIPP) in accordance with 8CCR §1509 & §3203? [LC §6401.7]. If yes, copy of the Program must be available at the jobsite.	<input type="checkbox"/>	<input type="checkbox"/>	21
2.	Does your company have a safety policy statement endorsed by top management? [LC §6401]	<input type="checkbox"/>	<input type="checkbox"/>	2
3.	Does your on-site safety representative have the authority and been allocated sufficient time to audit and enforce compliance with job site safety protocol? [LC §6401.7(a)(7)]	<input type="checkbox"/>	<input type="checkbox"/>	4
4.	Does your company have a disciplinary action program that includes provisions for acting on safety and health issues of your employees (and subcontractors, if applicable), and is the program enforced? [LC §6401.7(a)(6)]	<input type="checkbox"/>	<input type="checkbox"/>	2
5.	Is safety pre-planning included in project planning and/or progress meeting(s) in order to ensure that safety and loss control activities are integrated into the project work plan? [LAUSD OCIP Requirements – Safety Standards]	<input type="checkbox"/>	<input type="checkbox"/>	4
6.	Do your company safety and health policies, procedures, and subcontract agreements address minimum safety requirements in accordance with OSHA and LAUSD requirements for suppliers, and vendors and subcontractors? [LC §6401.7(h)] If yes, provide a copy of these policies, procedures and subcontract agreements along with this questionnaire.	<input type="checkbox"/>	<input type="checkbox"/>	6
7.	Does your company have a comprehensive Hazard Communication Program that (a) details locations for Material Safety Data Sheets (MSDS) and (b) contains provisions for multi-employer job sites? [8 CCR §5194]	<input type="checkbox"/>	<input type="checkbox"/>	6
8.	Do you conduct ongoing job site safety and health inspections, and are the inspection records kept on file and available for review? [LC §6401.7(A)(2)] Is there written verification that job site safety and health violations have been reviewed and corrective action taken? [LC§6401.7(b) and (D)]	<input type="checkbox"/>	<input type="checkbox"/>	13
9.	<u>Safety Reviews/Hazard Analysis.</u> Are all critical (hazardous) job activities identified and Job Safety Analysis’ (JSA, a.k.a. Job Hazard Analysis, or JHA) conducted by your firm (and subcontractors, if applicable)? [LC§6401.7(A)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	2
10.	Are the procedures for critical (hazardous) job activities written and reviewed with all employees (including subcontractor employees)? [LC 6401.7(a)(5)]	<input type="checkbox"/>	<input type="checkbox"/>	2

#	Question	YES	NO	Points
11.	<u>Accident/Incident Investigation and Analysis.</u> Does your company have a written accident/incident investigation procedure in which: (a) all accidents/incidents (including those of subcontractors, if applicable) are investigated to determine their root cause, and (b) corrective action is taken by site supervision and management, and (c) written investigation and corrective action records are available for review? [8CCR §3203(a)(5) and (b)]	<input type="checkbox"/>	<input type="checkbox"/>	6
12.	Are reports completed for “near miss” incidents that might have caused serious injury, property or equipment damage? [LC §6403(b)]	<input type="checkbox"/>	<input type="checkbox"/>	2
13.	<u>Emergency Response.</u> Does your company have a comprehensive written emergency response plan (i.e., fire, toxic spills, bomb threats, natural disasters, crowd and traffic control, and media relations) for job sites; and do all employees (including Subcontractor employees, if applicable) receive project-specific emergency response training? [8 CCR §3220 (a) and (e)]	<input type="checkbox"/>	<input type="checkbox"/>	4
14.	<u>Substance Abuse Control Program.</u> Does your company have a written Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2
15.	Do you require your subcontractors of all tiers to have a/or comply with your Substance Abuse Program? [LC §6403]	<input type="checkbox"/>	<input type="checkbox"/>	2
16.	<u>Employee Training.</u> Does your company ensure that all employees (including subcontractor employees) are trained in accordance with your firm’s written training plan, and (a) are competent to perform the work required, and (b) that job tasks requiring specific training and/or certification are performed by employees having the appropriate training documentation and certificates, and the documentation is maintained and available for review? [LC §6401.7(c) and (d)]	<input type="checkbox"/>	<input type="checkbox"/>	11
17.	Is documentation on file and available for review to verify that training and safety meetings for your firm (and Subcontractors, if applicable) have been completed? [LC §6401.7(c) and 8CCR §1509(e)]	<input type="checkbox"/>	<input type="checkbox"/>	11

Contractor Certification Statement

(Note: The District reserves the right to request any and all documentation necessary to verify responses submitted in Sections A, B, C, and D of this Safety Prequalification Questionnaire.)

I certify that the information contained herein is true and correct to the best of my knowledge and that no attempt has been made to give any false, omissive, or misleading information. I further certify that I shall comply with the safety prequalification for any and all Subcontractors my firm shall employ for any District project and I certify under penalty of perjury under the laws of the State of California that these Subcontractors meet the Safety standards and all other Los Angeles Unified School District requirements prior to contracting with them for use on any District project.

By:

Signature of Authorized Representative

Title of Authorized Representative

Print Name of Authorized Representative

Date Signed

Safety Prequalification Procedures and Scoring Instructions

*****(REFERENCE ONLY – DO NOT COMPLETE THE FOLLOWING PAGES)*****

Background. *The Safety Prequalification Questionnaire has been developed to evaluate each Contractor’s overall safety performance. The Contractor must qualify in all four sections (Sections A, B, C, and D), as well as Sections E and F if they apply to the Contractor, to receive a Safety Prequalification. Only Contractors that have a current Safety Prequalification can bid on or receive an award of a District project.*

Contractors are required to safety pre-qualify all tiers of subcontractors using the Safety Prequalification Questionnaire and Scoring Instructions contained in these Safety Standards. Subcontractors must submit all required information to their Contractor for review. Contractors must maintain all related documentation for review upon request by LAUSD or OCIP Safety.

Section A.

Request the Contractor’s Experience Modification Rate (EMR) for the last three rating periods. Ideally the EMR will show a downward trend. The 1993 reforms of the California Workers’ Compensation insurance system require Cal/OSHA to identify California employers in high hazard industries with the highest incidence of preventable occupational injuries and illnesses in accordance with the California Labor Code §6314.1. Cal/OSHA utilizes experience modification data from the WCIRB to identify employers with EMRs at and above **1.25**, and targets these employers for inspections. Based on and in accordance with the California Labor Code, Cal/OSHA regulations, and mandated provisions of Government Code Section 4420.5, the following procedures shall apply:

<u>Current EMR</u>	<u>Action</u>
Below 1.25	<u>Qualified under Section A</u>
1.25-1.50	<p style="text-align: center;"><u>Qualification Pending</u></p> <p>Contractor must submit the following items to FCC Prequalification Safety for review:</p> <ol style="list-style-type: none"> 1. Contractor’s written analysis of why the experience modification rate is high. 2. Copy of Contactor’s complete OSHA 300 Log and/or Workers’ Compensation Loss Runs for each of the past three years. 3. A copy of Contractor’s Illness and Injury Prevention Program and Code of Safe Practices. 4. A description of any actions contractor is currently taking to reduce employee workplace injuries, illnesses and Workers’ Compensation losses. <p>Evaluate above information and answers to other sections of the Questionnaire.</p>
Above 1.50	<u>Subject to Disqualification Under Section A.</u> A waiting period will be imposed by LAUSD before the Contractor can reapply.
No EMR	Contractor must submit Loss Runs. Any one claim in excess of \$25,000 will result in the Contractor being Subject to Review Under Section A.

		YES	NO
1.	Does Contractor’s written analysis of why the experience modification rate is high correlate to their losses as found on the Contractor’s OSHA 300 Logs and/or Workers’ Compensation Loss Runs?	[]	[]
2.	Has the Contractor submitted their OSHA 300 Logs and/or Workers’ Compensation Loss Runs for the past three years?	[]	[]
3.	Has the Contractor submitted an Injury and Illness Prevention Program (“IIPP”) which meets the minimum requirements of 8CCR3203, and a copy of their Code of Safe Practices?	[]	[]
4.	Does the Contractor’s description of actions currently being taken to reduce employee injuries, illnesses, and workers’ compensation losses reflect corrective action focused on the types and causes of losses found on the Contractor’s OSHA 300 Logs and/or Workers’ Compensation Loss Runs?	[]	[]

If the Contractor has been requested to provide information as described above, the information will be evaluated as follows:

- ❖ All items must receive a “yes” upon review of the submittal to fulfill the requirements of Section A.
- ❖ Contractors with 10 or fewer employees at all times during the calendar year are not required to maintain the OSHA 300 Log but must provide copies of their Workers’ Compensation insurance loss runs.

Section B.

Contractors shall also be evaluated on OSHA incident rates compared to the most current data provided by the Annual Survey of Occupational Injuries and Illnesses conducted by the Bureau of Labor Statistics, U.S. Department of Labor (“BLS”). Obtain the contractor’s NAICS Code in Section B, #1 to compare the Contractor to the BLS incidence rates for that particular NAICS. Compare the Contractor’s “Total Case” rate entered in Section B, #2 with the BLS rate shown in column (#2) **Total Cases**. Compare the contractor’s “Lost Work Day Case” rate entered in Section B, question # 3 with the BLS rate shown in column (#3) **Lost Work**

Day Cases. Contractor rates should not exceed 150% of the given BLS rate. Contractors with rates exceeding 150% of the BLS rates will be subject to review.

Excerpt from the Annual Survey of Occupational Injuries and Illnesses conducted by the Bureau of Labor Statistics, U.S. Department of Labor ("BLS") – 2005

Construction	#1 - NAICS code	#2 - Total Cases	#3 - Lost Workday Cases	#4 - No Lost Workday Cases
General Construction	23	6.3	3.4	2.9
Construction of buildings	236	5.3	2.8	2.5
Residential building construction	2361	5.3	3.1	2.2
Nonresidential building construction	2362	5.4	2.6	2.9
Heavy and civil engineering construction	237	5.6	3.1	2.5
Utility system construction	2371	5.6	3.2	2.4
Land subdivision	2372	3.5	1.5	2.1
Highway, street, and bridge construction	2373	6.3	3.5	2.8
Other heavy and civil engineering construction	2379	5.0	3.0	2.1
Specialty trade contractors	238	6.8	3.6	3.2
Foundation, structure, and building exterior contractors	2381	8.5	5.0	3.5
Poured concrete foundation and structure contractors	23811	7.0	4.4	2.6
Structural steel and pre-cast concrete contractors	23812	8.1	4.3	3.8
Framing contractors	23813	13.4	7.7	5.7
Masonry contractors	23814	6.8	3.7	3.1
Glass and glazing contractors	23815	10.7	-	4.1
Roofing contractors	23816	8.3	5.3	3.0
Siding contractors	23817	7.4	3.9	3.5
Other foundation, structure, and building exterior contractors	23819	7.3	3.3	4.1
Building equipment contractors	2382	6.7	3.1	3.6
Electrical contractors	23821	6.3	2.9	3.4
Plumbing, heating, and air-conditioning contractors	23822	7.3	3.3	3.9
Other building equipment contractors	23829	4.8	2.7	2.1
Building finishing contractors	2383	6.2	3.6	2.6
Drywall and insulation contractors	23831	7.7	4.7	3.0
Painting and wall covering contractors	23832	4.0	2.4	1.7
Flooring contractors	23833	4.7	1.7	2.9
Finish carpentry contractors	23835	7.2	4.1	3.1
Other building finishing contractors	23839	6.3	3.6	2.7
Other specialty trade contractors	2389	5.7	3.3	2.4
Site preparation contractors	23891	5.1	3.0	2.1
All other special trade contractors	23899	6.5	3.7	2.9
Landscape architectural services	54132	2.6	2.0	0.6
Engineering services	54133	1.5	.6	.8
Landscaping services	56173	4.9	2.4	2.5
Waste management and remediation services	562	7.1	4.7	2.4

Incidence Rate	Action
Does Not Exceed 150% of Total and Lost Work Day Case Rates	<u>Qualified under Section B</u>
Rate Between 150%-200% of Total and Lost Work Day Rates	<p align="center"><u>Qualification Pending</u></p> <p>Contractor must submit the following items to FCC Prequalification Safety for review:</p> <ol style="list-style-type: none"> Contractor's written analysis of why the incidence rate is high. Copy of Contractor's complete OSHA 300 Log and/or Workers' Compensation Loss Runs for each of the past three years. A copy of Contractor's Illness and Injury Prevention Program and Code of Safe Practices. A description of any actions contractor is currently taking to reduce workplace injuries and illnesses. <p>Evaluate above information and answers to other sections of the Questionnaire.</p>
Rate Exceeds 200%	<p><u>Subject to Disqualification under Section B.</u></p> <p>Contractor must submit information identified above. Greater burden on contractor to obtain safety prequalification. Evaluate above information and answers to other sections of the Questionnaire.</p>

		YES	NO
1.	Does Contractor's written analysis of why the incident rates are high correlate to their losses as found on the Contractor's OSHA 300 Logs and/or Workers' Compensation Loss Runs?	[]	[]
2.	Has the Contractor submitted their OSHA 300 Logs and/or Workers' Compensation Loss Runs for the	[]	[]

	past three years?		
3.	Has the Contractor submitted an Injury and Illness Prevention Program (“IIPP”) which meets the minimum requirements of 8CCR3203, and a copy of their Code of Safe Practices?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the Contractor’s description of actions currently being taken to reduce employee injuries, illnesses, and workers’ compensation losses reflect corrective action focused on the types and causes of losses found on the Contractor’s OSHA 300 Logs and/or Workers’ Compensation Loss Runs?	<input type="checkbox"/>	<input type="checkbox"/>

Sample calculations for use in completing and scoring Section B:

A company has 3 OSHA recordable injuries (3 entries on their OSHA 300 Log for a given year). One case was a lost-workday injury, two cases did not involve lost workdays. The company worked 50,000 hours that year.

The Total Case Incidence Rate is: $(3 \times 200,000) / 50,000 = 12$

The Lost Workday Case Incidence Rate is: $(1 \times 200,000) / 50,000 = 4$

The No Lost Workday Case Incidence Rate is: $(2 \times 200,000) / 50,000 = 8$

A company has 1 OSHA recordable injury with no lost workdays. The company worked 50,000 hours that year.

The Total Case Incidence Rate is: $(1 \times 200,000) / 50,000 = 4$

The Lost Workday Case Incidence Rate is: $(0 \times 200,000) / 50,000 = 0$

The No Lost Workday Case Incidence Rate is: $(1 \times 200,000) / 50,000 = 4$

Section C.

OSHA Citation (Violation) History. In accordance with the provisions of Government Code Section 4420.5, evaluation of prospective bidders, including contractors and subcontractors, shall include consideration of the contractor and subcontractors OSHA record in regard to “serious and willful violations of Part 1 (commencing with Section 6300) of Division 5 of the Labor Code”, issued during the past five year period.

<u>Response</u>	<u>Action</u>
“No”	<u>Qualified under Section C</u>
“Yes”	<p>Qualification Pending. Contractor must submit the following items to FCC Prequalification Safety for review:</p> <ol style="list-style-type: none"> 1. Copies of all citations (violations) received in five year period. 2. Description of abatement activities for each citation (violation). 3. Copy of Injury and Illness Prevention Program and Code of Safe Practices. 4. Copy of OSHA 300 Logs and/or Workers’ Compensation Loss Runs for the past three years. <p>Evaluate above information and answers to other sections of the Questionnaire.</p>
Subject to Disqualification Under Section C. Contractor fails to submit required items.	

If the Contractor has answered “No” to having received any citation(s) classified as “serious”, “willful”, “repeat”, or “failure to abate”, and such citations are found during the verification process, the Contractor will not be pre-qualified. A waiting period will be imposed by LAUSD before the Contractor can reapply.

If the Contractor reports, and is found to have citation(s) classified as “willful”, the Contractor will be subject to review in accordance with **Section F**. Please refer to **Section F** for further instructions and information.

If the Contractor has been requested to provide information as described above, the information will be evaluated as follows:

- ❖ All items must receive a “yes” upon review of the submittal to fulfill the requirements of Section A.
- ❖ Contractors with 10 or fewer employees at all times during the calendar year are not required to maintain the OSHA 300 Log but **must** provide copies of their Workers’ Compensation insurance loss runs.
- ❖ Contractors may be requested to provide specific sections of their safety program that pertain to the nature of the citations. For example, a contractor with citations for fall protection issues standards may be requested to provide a copy of their Fall Protection Program and related training records.

		YES	NO
1.	Has the Contractor submitted copies of all serious, willful, repeat, and failure-to-abate citations received in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the Contractor provided a description of abatement activities for each citation (violation)? Are the abatement activities consistent with, and appropriate for the nature of the citation (violation)?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has the Contractor submitted an Injury and Illness Prevention Program (“IIPP”) which meets the minimum requirements of 8CCR3203, and a copy of their Code of Safe Practices?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has the Contractor submitted their OSHA 300 Logs and/or Worker’s Compensation Loss Runs for the past three years?	<input type="checkbox"/>	<input type="checkbox"/>

Section D.

This section (refer to pages 17 & 18) contains seventeen questions requiring a “yes” or “no” answer. Questions are assigned a weighted value as shown in Section D of the Questionnaire.

Score as shown in Questionnaire: Questions 1 to 17.

Score 0 points: “No” responses and questions not answered.

Add the points for all questions answered “yes”. A total of 100 points is possible. To automatically qualify under Section D, the Contractor must achieve 85 points.

*In order to comply with Title 8 of the California Code of Regulations, Section 3203 (T8CCR3203), Section D, items #1,2, 4, 7, 8, 9, 10, 11, 16 and 17 are required of all contractors, regardless of the how many points are scored.

Total Points

Action

85-100

Qualified under Section D

70-84

Qualification Subject to Review. Contractor must submit a written response to each item answered “no” on questionnaire describing the reason for noncompliance. Qualification may require evidence of a correction to obtain a “yes” response.

Evaluate above information and answers to other sections of the Questionnaire.

Below 70

Subject to Disqualification under Section D. Contractor must submit information identified above. Greater burden on contractor to obtain Safety Prequalification. Qualification requires evidence of a “yes” response.

Evaluate above information and answers to other sections of the Questionnaire.

NOTE: Contractors and/or Subcontractors who have not implemented a written safety program covering all the safety policies and procedures outlined in Section D will be considered for qualification by LAUSD Safety if the Contractor(s) agrees to:

Draft, implement, comply with and enforce the policies and procedures indicated with a “NO” answer into their safety program or,

Implement, comply with and enforce all safety criteria outlined in the LAUSD Safety Standards.

LAUSD may request written verification of compliance prior to the Contractor’s inclusion on the bid list.

Section E

Contractor’s Prior LAUSD Claims History:

CONTRACTOR		REVIEW DATE	
REVIEWED BY		LOSS RUN DATA DATE	
REVIEW PERIOD (from / to)		REVIEW PERIOD: the period since the Contractor’s prior date of (Safety) Prequalification, or OCIP inception if applicant is seeking initial (Safety) Prequalification.	

- This section pertains to the LAUSD claims history of the Contractor applicant.
- If a Contractor has no prior claims history with LAUSD, this Section does not apply.
- If a Contractor has no claims history to evaluate for a particular item, full credit is given for that item.
- For Contractors who have worked only as a subcontractor in the LAUSD OCIP and are seeking their initial Prequalification, all LAUSD OCIP Workers’ Compensation and General Liability claims incurred by the Contractor are to be considered regardless of the date of occurrence.
- Source data for this review is obtained from the LAUSD OCIP Insurance Carrier Loss Runs.

E1: Average Workers’ Compensation Claim Value: What is the average value of OCIP Workers’ Compensation claims to date for the Contractor and its Subcontractors?

COSTS PAID	\$0.00 – \$4999.99 = 25 points	\$5000.00 - \$9999.99 = 20 points	\$10000.00 - \$24,999.99 = 15 points	\$25,000.00 – \$49,999.99 = 10 points	\$50,000.00 - \$99,999.99 = 5 points	\$100,000 or more = 0 points
TOTAL INCURRED COSTS	\$0.00 – \$4999.99 = 25 points	\$5000.00 - \$9999.99 = 20 points	\$10000.00 - \$24,999.99 = 15 points	\$25,000 – \$49,999 = 10 points	\$50,000.00 - \$99,999.99 = 5 points	\$100,000 or more = 0 points

E2: Average General Liability Claim Value: What is the average value of OCIP General Liability claims to date for the Contractor and its Subcontractors?

COSTS PAID	\$0.00 – \$4999.99 = 25 points	\$5000.00 - \$9999.99 = 20 points	\$10000.00 - \$24,999.99 = 15 points	\$25,000.00 – \$49,999.99 = 10 points	\$50,000.00 - \$99,999.99 = 5 points	\$100,000 or more = 0 points
TOTAL INCURRED COSTS	\$0.00 – \$4999.99 = 25 points	\$5000.00 - \$9999.99 = 20 points	\$10000.00 - \$24,999.99 = 15 points	\$25,000 – \$49,999 = 10 points	\$50,000.00 - \$99,999.99 = 5 points	\$100,000 or more = 0 points

E3: Maximum Workers' Compensation Claim Values: What is the maximum dollar value of any Workers' Compensation claim for the Contractor and its subcontractors since the last date of prequalification or 24 months, whichever is longer?"

COSTS PAID	\$0.00 – \$24,999.99 = 25 points	\$25,000.00 – \$49,999.99 = 20 points	\$50,000.00 – \$74,999.99 = 15 points	\$75,000.00 - \$99,999.99 = 10 points	\$100,000.00 – \$124,999.99 = 5 points	\$125,000.00 or more = 0 points
TOTAL INCURRED COSTS	\$0.00 – \$24,999.99 = 25 points	\$25,000.00 – \$49,999.99 = 20 points	\$50,000.00 – \$74,999.99 = 15 points	\$75,000.00 - \$99,999.99 = 10 points	\$100,000.00 – \$124,999.99 = 5 points	\$125,000.00 or more = 0 points

E4: Maximum General Liability Claim Values: What is the maximum dollar value of any Workers' Compensation claim for the Contractor and its subcontractors since the last date of prequalification or 24 months, whichever is longer?"

COSTS PAID	\$0.00 – \$24,999.99 = 25 points	\$25,000.00 – \$49,999.99 = 20 points	\$50,000.00 – \$74,999.99 = 15 points	\$75,000.00 - \$99,999.99 = 10 points	\$100,000.00 – \$124,999.99 = 5 points	\$125,000.00 or more = 0 points
TOTAL INCURRED COSTS	\$0.00 – \$24,999.99 = 25 points	\$25,000.00 – \$49,999.99 = 20 points	\$50,000.00 – \$74,999.99 = 15 points	\$75,000.00 - \$99,999.99 = 10 points	\$100,000.00 – \$124,999.99 = 5 points	\$125,000.00 or more = 0 points

$$\text{COSTS PAID SCORE} = \frac{\quad}{E1} + \frac{\quad}{E2} + \frac{\quad}{E3} + \frac{\quad}{E4} = \underline{\quad}$$

$$\text{TOTAL INCURRED COST SCORE*} = \frac{\quad}{E1} + \frac{\quad}{E2} + \frac{\quad}{E3} + \frac{\quad}{E4} = \underline{\quad}$$

* **IF THE CONTRACTOR DOES NOT SCORE AT LEAST 70 POINTS BASED ON THE “TOTAL INCURRED COST” SCORE, THE QUESTIONNAIRE SHALL BE REFERRED TO THE MANAGER OF FACILITIES CONSTRUCTION CONTRACTS AND THE FACILITIES RISK MANAGER FOR FURTHER REVIEW AND ACTION.**

Section E Scoring Instructions:

85-100 points Contractor qualified under Section E.

70-84 points Contractor subject to review under Section E.

Section E Review: Request the following items from the Contractor:

- ◆ Injury and Illness Prevention Program and Code of Safe Practices (Section D, #1)
- ◆ Training Records (Section D, #17). This is to include all subcontractors.
- ◆ Safety Meetings (Section D, #18). This is to include all subcontractors.
- ◆ Contractor Safety Representative Qualifications (Section F, #3,4,5).

Section E Review scoring:

20 points	Injury and Illness Prevention Program and Code of Safe Practices (Section D, #1)
10 points*	Training Records (Section D, #17).
10 points*	Safety Meetings (Section D, #18).
<u>8 points</u>	Contractor Safety Representative Qualifications (Section F, #3, 4 and 5)
48 points	

Contractors must score 40 points to qualify under the Section E Review.

* If there are Subcontractors, Contractors must provide representative samples (i.e. – more than one document) for a majority (more than half) of their Subcontractors to receive credit for these items. (The same principle of providing a representative sample for a majority of all subcontractors is used in the Section F review.) (Subcontractors are determined using the Enrolled Contractor List)

0 – 69 points, “COSTS PAID”:

Contractor is subject to review per the provisions of Section F.

0 – 69 POINTS, “TOTAL INCURRED COST”:

Contractor is subject to further review by the Manager of Facilities Construction Contracts and the Facilities Risk Manager.

Contractor may be subject to review per the provisions of Section F, or Contractor may be subject to other actions up to and including disqualification for a time period as determined by LAUSD.

Section E Review Scoring Sheet:

CONTRACTOR: _____ **DATE:** _____

EVALUATED BY: _____

This contractor was subject to review under the terms of Section E.

REVIEW PERIOD: _____ - _____ - _____ to _____ - _____ - _____

	Points possible	Points received
IIPP and Code of Safe Practices	20	
Training Records	10	
Safety Meetings	10	
Safety Representative	8	
Total	48	

Section F.

This Section applies to those Contractors who (1) did not accurately report information in Section A or Section C, (2) Contractors with “willful” citations in Section C, or (3) Contractors who did not qualify in Section E. All items must receive a “Yes” answer to qualify.

		YES	NO
Item 1:	Did the Contractor provide documentation as requested for the “Yes” answers in Section D, and achieve a score of 85 points or more?	<input type="checkbox"/>	<input type="checkbox"/>
Item 2:	Did the Contractor provide accurate and current evidence of Safety Prequalification for a majority of all known Subcontractors in accordance with the requirements of the LAUSD OCIP Insurance Manual and Safety Standards?	<input type="checkbox"/>	<input type="checkbox"/>
Item 3:	Did the Contractor provide the name(s) and qualifications of their Safety Representative(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Item 4:	Did the Contractor provide evidence of OSHA 10 or 30-Hour Construction Outreach Training for each of their Safety Representatives?	<input type="checkbox"/>	<input type="checkbox"/>
Item 5:	Did the Contractor provide evidence of current and recognized First Aid and CPR training for each of their Safety Representatives?	<input type="checkbox"/>	<input type="checkbox"/>

If the Contractor fails to qualify in Section F, a waiting period will be imposed by LAUSD before the Contractor can reapply.

Scoring of the Safety Prequalification Questionnaire:

Contractors must qualify under each Section (A through F) to obtain Safety Prequalification status.

Section	Description	Circle One:
A	Workers’ Compensation Insurance	Qualified / Not Qualified
B	OSHA / Lost Workday Incidence Rates	Qualified / Not Qualified
C	OSHA Citation (Violation) History	Qualified / Not Qualified
D	Safety Policies and Procedures	Qualified / Not Qualified
E	LAUSD Safety and Loss History	Qualified / Not Qualified / Not Applicable
F	Contractor Audit Review	Qualified / Not Qualified / Not Applicable