

FORM D
INDUSTRIAL SAFETY RECORD FOR PROPOSER AND TEAM MEMBERS
PERFORMING INSTALLATION OR CONSTRUCTION WORK

PROPOSER’S NAME:
NAME OF TEAM MEMBER:
ROLE OF TEAM MEMBER:

This form shall be filled out separately and provided for each of the Major Participants on Proposer’s team that will perform or supervise installation or construction work for the Transform 66 P3 Project (the “Project”), and shall include information for any entity in which such team member holds a substantial interest. Information must be provided with regard to all installation and construction work undertaken in the United States by the entity, with separate statistics relative to the Commonwealth of Virginia. For team members that are members of joint ventures, information shall be provided as though 100% of the results were for the listed participant. Proposer may be requested to submit additional information or explanation of data which the Department may require for evaluating the safety record.

	2011	2012	2013	2014	2015
Total Hours Worked (in thousands) Nationwide: Virginia:					
Number of fatalities* Nationwide: Virginia:					
Number of lost workdays* Nationwide: Virginia:					
Number of lost workdays* cases Nationwide: Virginia:					
Number of injury/illness* cases Nationwide: Virginia:					
Number of days of* restricted work activity due to injury/illness Nationwide: Virginia:					
Incidence rate** Lost Workday Cases Nationwide: Virginia:					
Worker’s Compensation Experience Modifier Nationwide: Virginia:					

* The information required for these items is the same as required for columns 3 to 6, Code 10, Log and Summary of Occupational Injuries and Illnesses, OSHA Form 200.

** Incidence Rate = No. Injuries (Cases) x 200,000 / Total Hours Worked

The above information was compiled from the records that are available to me at this time and I declare under penalty of perjury under the laws of the Commonwealth of Virginia that the information is true and accurate within the limitation of those records.

_____ Name of Company (Print)	_____ Signature
_____ Address	_____ Title
_____ City, State, Zip Code	_____ Telephone Number