



4. SAFETY QUESTIONNAIRE

*** RESPONSE REQUIRED**

Corporate Safety Program *

Does the PQL applicant have a Corporate Safety Program?

- Yes, I submitted a copy of the Corporate Safety
- No, I submitted an explanation why the PQL Applicant does not have a Corporate Safety Program established

Corporate Safety Program Contact *

Please provide the name/Title of Individual in charge of the Corporate Safety Program:

Occupational Safety and Health Act (OSHA) Information

Willful Violation Question:

Has the PQL Applicant received a willful violation issued by OSHA or New York City Department of Transportation (NYCDOT) construction safety-related violation within the last three (3) years?

- Yes*
- No

*If yes, the PQL Applicant must provide a detailed written explanation including corrective action.

Incident Rate *

The PQL Applicant must submit the Incident Rate for Lost Time Injuries (the Incident Rate) for the past three (3) years. The Incident Rate is calculated in accordance with the formula set forth below. For each given year, the total number of incidents is the total number of non-fatal injuries and illnesses reported on the OSHA 300 Log. The 200,000 hours represents the equivalent of 100 employees working forty hours a week, fifty weeks per year.

$$\text{Incident Rate} = \frac{\text{Total Number of Incidents} \times 200,000}{\text{Total Number of Hours Worked by Employee}}$$

Year	Total Number of Hours Worked by Employees	Incident Rate
Year 1		
Year 2		
Year 3		

Safety Performance on Previous DOT Project(s)*

Has the PQL Applicant previously worked on City/State/Federal Project(s)?*

Yes*

No

*If Yes, please provide the Project Number(s) in the comment box below.

Project Number

Has the PQL Applicant had work related fatality or work-related accident (injury requiring medical treatment beyond first aid), which occurred on any City/State / Federal or private Project(s) within the last three (3) years of the Safety Questionnaire submission date?*

Yes*

No

*If Yes, please provide the Project Number(s) in the comment box below.

Project Number