FORM K: INDUSTRIAL SAFETY RECORD

The information entered on this form must include construction work undertaken nationwide and in the state of California by the Proposer, as well as by any partnership, corporation or joint venture that any principal of the Proposer participated in as a principal or owner, for the current calendar year and the prior five (5) calendar years. A separate form shall be submitted for each individual, partnership, corporation and/or joint venture that makes up the proposing entity. The Proposer may be requested to submit additional information or explanation of data that HTA requires.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Information** | **2019** | **2020** | **2021** | **2022** | **2023** | **2024** |
| **Design-Builder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| 1[[1]](#footnote-1) | Total Hours Worked | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |
| 21 | Number of Fatalities | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |
| 31 | Number of OSHA recordable injury/illness cases | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |
| 41 | Number of lost workday cases | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |
| 51 | Number of lost workdays | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |
| **Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| 61 | Recordable Incident Rates[[2]](#footnote-2) | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |
| 71 | Lost Workday Incident Rates[[3]](#footnote-3) | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |
| 81 | Lost Days Rates[[4]](#footnote-4) | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |
| 91 | Workers Compensation Experience Modifier | | | | | | |
| Nationwide |  |  |  |  |  |  |
| California |  |  |  |  |  |  |

The above information was compiled from records available at the time the Proposal was prepared. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date], at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [city], \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [state].

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title)

1. The information required for items is the same as required for columns 3 to 13, code 10, Log and Summary of Occupational injuries and Illnesses, OSHA (Cal-Osha) Form 300A [↑](#footnote-ref-1)
2. Recordable Incidence Rate = (Recordable Cases x 200,000) / Total Hours Worked [↑](#footnote-ref-2)
3. Lost Workday Incident Rate = (Lost Workday Cases x 200,000) / Total Hours Worked [↑](#footnote-ref-3)
4. Lost Days Rate = (Total Lost Days x 200,000) / Total Hours Worked [↑](#footnote-ref-4)