Safety Documentation Submission

Experience Modification Rating (EMR):

This is an annual safety rating of how a specific contractor compares to other contractors in the same type of contacting in the region where the contractor is working. The contactor should have this rating since it is provided by its insurance company.

1. Show you EMR's as applicable for this current year and for the last two (2) years, as follows:

	This Year	**Last Year**	**Year Before**
Home State:			
Other States (*List*):			

Accident Experience:

1. Summarize the date shown on your OSHA Form 300 for all construction-related (not shop) injuries for year-to-date and for last year. This is all jobs.

OSHA Data	This Year	Last Year
Recordable (Medical):		
Restricted Duty:		
Lost Time:		
Days Lost:		

List construction-related injury incidents for year-to-date and for last year:

Rate: Number of injuries x 200,000 divided by Total Man-Hours Worked Severity: Number of lost days x 200,000 divided by Total Man-Hours Worked *Note: The number of recordable injuries includes the number of light duty plus lost time injuries.*

Injury Incidences	This Year	Last Year
Rate:		
Recordable:		
Lost Time:		
Severity:		

Ammonia Safety Program (ASP)

Do you have experience working on or around process systems which contain:

Ammonia

Yes	No

Any other materials listed in 29CFR1910.119,

Yes	No

If yes, please list below:

Any flammable material process covered by 29CFR1910.119

Yes	No

If yes, please list below: