

## SECTION 00 45 12

## SAFETY PREQUALIFICATION

**Instructions:**

**Bidder shall submit one electronic MS Excel spreadsheet and one original executed printout/hardcopy set of the Safety Prequalification Form. Refer to the Section 00 21 13 – Instructions to Bidders, “Bidder Qualifications” for information about early submission and the due date for the Safety Prequalification Form.**

Bidder must complete the Safety Prequalification Form in the spreadsheet file available at web link: <https://sfpuc.sharefile.com/d-s0cf3844c0f0b410496d01882dd9f8ff9>. Bidder shall include in the filename text "Safety Prequalification Form – WW-684 by *[Bidder's Name]*" and email the completed MS Excel spreadsheet file to [Prequal@sfwater.org](mailto:Prequal@sfwater.org). Hard paper set with original signature must be mailed to the address below prior to achieving safety prequalification:

**Mailing Address:**

San Francisco Public Utilities Commission  
Contract Administration Bureau  
Attention: Safety Prequalification Form  
525 Golden Gate Avenue, 8<sup>th</sup> Floor  
San Francisco, CA 94102

**The text below summarizes the information requested in the Safety Prequalification Form. In case of discrepancy between this Section 00 45 12 and the Safety Prequalification Form Excel file, the Safety Prequalification Form Excel file will prevail.**

**SECTION 1: INSTRUCTIONS**

This form has four Sections and Section 4 has three Steps. Complete only the portions required by instructions.

Complete all yellow cells with accurate responses. Contractor may enter values into blue cells to estimate their overall score calculated on Step 3 Score Results. Contractor's values will be replaced by SFPUC.

Combine safety information for any and all construction work the Firm has completed as Prime, Joint Venture Partner or Subcontractor into one submission. Provide OSHA 300 and OSHA 300A forms for all reporting entities.

SFPUC may in its sole discretion, adjust your firm's Safety Qualification status based on information obtained from OSHA website.

Did your firm pass the Safety Prequalification Form at Step 1 or Step 2 already this calendar year?  
(Yes or No)

Does your firm have any incidents (violations, injuries or fatalities) under review by Occupational Safety and Health Administration (OSHA) that occurred since your previous Safety Prequalification Form submission? (Yes or No)

If the answers to the previous two questions are YES and then NO, submit only Sections 1, 2 and 3 completed. Email the completed Form to [Prequal@sfgwater.org](mailto:Prequal@sfgwater.org) and mail hard copy to CAB, 525 Golden Gate Ave., 8th Floor, San Francisco, CA 94102. Otherwise, please continue with this Safety Prequalification Form.

Has your firm submitted safety documents within the last six months of this solicitation and passed a Step 3 evaluation? (Yes or No)

Has your firm updated any of your safety documents within the last six months of this solicitation? (Yes or No)

Does your firm have any incidents (violations, injuries or fatalities) under review by OSHA that occurred since your previous Safety Prequalification Form submission? (Yes or No)

If the answers to the previous three questions are YES and then NO and NO, submit only this page with Sections 1, 2 and 3 completed. Email the completed sections to [Prequal@sfgwater.org](mailto:Prequal@sfgwater.org) and mail hard copies to CAB, 525 Golden Gate Ave., 8th Floor, San Francisco, CA 94102. Otherwise, please continue with this Safety Prequalification Form.

## **SECTION 2: CONTACT INFORMATION**

## **SECTION 3: ACKNOWLEDGEMENT**

## **SECTION 4: SAFETY QUESTIONS**

### Step 1

A. Please provide data from your firm's Occupational Safety and Health Administration (OSHA) Form 300A, Summary of Work-Related Injuries and Illness. The data should be for all construction work your firm performed whether as a prime, as part of a joint venture, or as a subcontractor.

B. Please enter the North America Industrial Classification System (NAICS) rate associated with your industry from these sources:

C. Is your firm's recordable case rate worse than industry standard for two of the last three years? (Automatically Calculated)  
(your 2019 data is compared to 2019 OSHA Rate for your industry and your 2020 and 2021 data is compared to the 2020 OSHA Rate for your industry)

D. Has your firm received an OSHA Serious, Willful or Repeat violation in the last three years, regardless of appeal status?  
Yes or No

E. Has your firm experienced a workplace fatality in the last three years?  
Yes or No

If the answers to questions C, D and E are "No", you do not need to complete Step 2 or Step 3, below.

### Step 2

F. Is your firm's Work Loss rate worse than industry standard for two of the last three years? (Automatically Calculated)

(your 2019 data is compared to 2019 OSHA Rate for your industry and your 2020 and 2021 data is compared to the 2020 OSHA Rate for your industry)

G. Has your firm received an OSHA Willful or Repeat violation in the last three years, regardless of appeal? (Yes or No )

H. The annual total hours worked for last three (3) years by all employees as reported on your OSHA 300A form  
(Automatically populated from Question A).

I. Provide the number of Serious violations issued by OSHA over the last 36 months (different time period than the past 3 years of OSHA 300A forms), regardless of appeal status.

J. Your serious OSHA violation rate per 200,000 hours  
(Automatically Calculated)

K. Does your firm have more than one serious OSHA violations per 200,000 hours, regardless of appeal status?  
(Automatically Calculated)

L. Did OSHA issue your firm a citation for any incident in which there was a fatality in the last 3 years? (Yes or No )

**If the answers to question F, I, K and L are all "No", you do not need to complete Step 3**

### Step 3

M. Safety Document Submittals

- M.1. Does your firm have an Injury and Illness Prevention Program? (Yes or No)
- M.2. Does your firm have a Drug and Alcohol Free Workplace Policy? (Yes or No)
- M.3. Does your firm have a Job Hazard Analysis (JHA) Procedure? (Yes or No)
- M.4. Does your firm have a Corporate Safety Manual? (Yes or No)
- M.5. Does your firm have an Injury and Incident Investigation Process? (Yes or No)
- M.6. Does your firms have any Employee Safety Training Programs? (Yes or No)
- M.7. Does your firm have a Safety Field Audit Process? (Yes or No)
- M.8. Does your firm have a Daily Safety Pre-Task Planning Process? (Yes or No)

N. OSHA Serious Violations

O. OSHA Willful and Repeat Violations

P. Workplace Fatality

Q. Occupational Safety and Health Administration (OSHA) For 300A Summary of Work-Related Injuries and Illness

END OF SECTION