Project Safety Prequalification

August 25, 2022
Greg Lyman,
Contract Administration Bureau
Safety in CCSF Contracts

Agenda

• Development
• Overview of Form
• Recent Changes to the Form
• Quick Review of Form
• Step Three Review, Scores and Release of Evaluations
Controller’s Report, April 11, 2017 (p. 29)

• The City should include safety as a criterion for awarding construction contracts

• Consider safety records in responsibility determination to ensure contractors awarded contacts meet minimum safety standards

• Including safety components in the bidding process is part of the recommended proactive approach to construction safety
Development

BOS Government Oversight Committee October 17, 2018

• Concerns due to a fatality on a MTA project 8/10/18
• Questions about City’s vetting process for contractor’s safety records
• Explore finding a contractor unqualified based on its safety record
• Recommendation to ask about all OSHA citations
Development

• In July 2020, BOS adopted Ordinance 113-20
• Changed the definition of Responsible Contractor, now includes that a contractor needs to:

(c) substantiates its record of safe performance on construction projects, including but not limited to consideration of federal or state Occupational Safety and Health Administration (“OSHA”) violations and work place fatalities, including OSHA citations under appeal, in accordance with regulations issued by the City Administrator.
Safety Prequalification Form Overview

• Have the Safety Prequalification Form be based on data that reflects tangible results of a company’s culture of safety
• Rely on existing verifiable information
• Be nimble to capture changes over time
• Allow most applicants to determine their status before submission
Safety Prequalification Form Overview

- Safety history for three most-recent years
- Three-step process
- Applicants with excellent safety record can qualify by completing only the first or the first and second steps
- Only Applicants with less stellar safety records complete third step
- At Step Three – 300 possible points
  - 90 possible for OSHA workplace safety record
  - 210 possible for safety policy and procedure documents
  - Points may be deducted for OSHA violations; applicant opportunity to explain, possible mitigation by evaluation of explanation
Safety Prequalification Form Overview

• First and Second Steps – OSHA 300A information for three years
  • Work-place injuries, illness and fatalities
  • OSHA violations
  • Pass or go to Step Three
  *Ten minutes or less to complete*

• Third Step - Scored by Expert Safety Consultant
  • Copies of OSHA citations, appeals and explanations
  • Copies of legally required safety procedures and practices documents
  • Copies of best-practices safety documents
2022 Changes to Form

- In Response to Comments
- Reduce effort to complete repetitive information
- Rely on City-Wide evaluations
- Use more accurate OSHA data for comparison of past years
Safety Prequalification Form

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 page 8. 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 this page (page 1) with Sections 1, 2 and 3 completed.* Email the completed Form to Prequal@sfwater.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 in the last six months and passed a Step 3 evaluation? (Yes or No)

Has your firm updated any of your safety documents in the last six months? (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 (page 1) with Sections 1, 2 and 3 completed.* Email the completed sections to Prequal@sfwater.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.

*If your firm is relying on a previously passing Safety Prequalification Form, please provide the following information, otherwise, please leave this information blank:

City Department Issuing the previous Solicitation: ____________________________

Prior Safety Prequalification Form Submission Date: ____________________________

Contract Number: ____________________________  Contractor: ____________________________

Contract Title: ____________________________

For Assistance Please contact SFPUC Contract Administration Bureau at QBD@SFWATER.ORG or 415-551-4603
# Step One – Quick Overview

## 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths (G)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of cases with days away from work (H)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction (I)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other recordable cases (J)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total hours worked by all employees</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1009 Total recordable case rate (Automatically Calculated): 

1009 Total cases with days away from work, job restriction, or transfer rate (Automatically Calculated): 

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

Use this online OSHA resource to provide the industry 2019 injury rates: https://www.bls.gov/iif/oshwc/osh/os/summ1_00_2019.htm

What is the NAICS Industry Code from your 2019 300A form?  
What is the "Industry" category name for your firm's NAICS code?  

What is the 2019 "Total Recordable Cases" Rate for your Firm's NAICS Industry Code?  
What is the 2019 "Total Work Loss" Rate for your Firm's NAICS Industry Code?  

Use this online OSHA resource to provide the industry 2020 injury rates:  
https://www.bls.gov/iif/oshwc/osh/os/summ1_00_2020.htm

What is the NAICS Industry Code from your 2020 300A form?  
What is the "Industry" category name for your firm's NAICS code?  

What is the 2020 "Total Recordable Cases" Rate for your Firm’s NAICS Industry Code?  
What is the 2020 "Total Work Loss" Rate for your Firm’s NAICS Industry Code?  

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 Two – Quick Overview

SECTION 4: SAFETY QUESTIONS

Step 2

Your firm’s loss work data from your OSHA 300A forms
(Automatically Completed from Question A above):
2019 Total cases with days away from work, job restriction, or transfer rate
(Automatically Calculated based on information provided in Question A):
2020 Total cases with days away from work, job restriction, or transfer rate
(Automatically Calculated based on information provided in Questions A):
2021 Total cases with days away from work, job restriction, or transfer rate
(Automatically Calculated based on information provided in Question A):

Your firm’s NAICS rate associated with your industry from this source
(Automatically Completed from Question B above):
2019 NAICS Data 2020 NAICS Data
The NAICS Industry Code you provided in Question B: - -
The Industry Category for your firm’s NAICS code you provided in Question B: - -
The Current Total Work loss Rate you provided in Question B: - -

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).
Total hours worked over last three OSHA 300A reporting years of 2019 through 2021
(Automatically populated based on information provided in 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
**SECTION 4: SAFETY QUESTIONS**

**Step 3**

If your firm is completing Step 3, please submit with this signed Prequalification Safety Form:

- “Past three years of your firm’s OSHA 300 and 300A forms.”
- “Safety documents listed in Question M (below), as they existed on the Safety Prequalification Form Due Date. Please clearly label submissions to align with each of the eight listed documents.”
- “Explanation of any OSHA violations identified in Questions N and O (below)”
- “Explanation of any fatalities identified in Question P (below)”

Applicants shall contact SFPUC at Prequal@sfwaters.org to coordinate submittal of documents.

Applicants and Contractors may not revise their Step 3 safety documents after submission in order to pass this prequalification or solicitation.

**M. Safety Document Submittals**

<table>
<thead>
<tr>
<th>Document Available for Submission (Yes or No)</th>
<th>Maximum Submission Score</th>
<th>Submission Score (Automatically Calculated)</th>
<th>Document Evaluation Score (Completed by SFPUC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M.1. Does your firm have an Injury and Illness Prevention Program? (Yes or No)</td>
<td>[ ] Yes [ ] No</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>M.2. Does your firm have a Drug and Alcohol Free Workplace Policy? (Yes or No)</td>
<td>[ ] Yes [ ] No</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>M.3. Does your firm have a Job Hazard Analysis (JHA) Procedure? (Yes or No)</td>
<td>[ ] Yes [ ] No</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>M.4. Does your firm have a Corporate Safety Manual? (Yes or No)</td>
<td>[ ] Yes [ ] No</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>M.5. Does your firm have an Injury and Incident Investigation Process? (Yes or No)</td>
<td>[ ] Yes [ ] No</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>M.6. Does your firm have any Employee Safety Training Programs? (Yes or No)</td>
<td>[ ] Yes [ ] No</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>M.7. Does your firm have a Safety Field Audit Process? (Yes or No)</td>
<td>[ ] Yes [ ] No</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>M.8. Does your firm have a Daily Safety Pre-Task Planning Process? (Yes or No)</td>
<td>[ ] Yes [ ] No</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Total Document Submission Score (calculated):**

**Total Document Evaluation Score (calculated):**

**Question M Scoring Rubric - Document Submittal:**

“Yes” earns all the points noted in the corresponding Maximum Submission Score column.

“No” response earns zero points.

**Question M Scoring Rubric - Document Content Evaluation:**

- **Evaluation Score:** 0, 5, 10, 15, 20
- **Criteria:**
  - Contents of the document do not include most of the critical elements as detailed in document-specific guide.
  - Contents of the document do not include many of the critical elements as detailed in document-specific guide.
  - Contents of the document do not include some of the critical elements as detailed in document-specific guide.
  - Document contains all of the critical elements as detailed in the document-specific guide with minimal details.
  - Document contains all of the critical elements as detailed in the document-specific guide and embodies a commitment to a culture of safety.
Step Three
Safety Documents

- Following points earned for submission of documents (May earn additional points based on quality evaluation -- rubric next page)

<table>
<thead>
<tr>
<th>Document Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury and Illness Prevention Program*</td>
<td>10 pts</td>
</tr>
<tr>
<td>Drug and Alcohol Free Workplace Policy</td>
<td>10 pts</td>
</tr>
<tr>
<td>Job Hazard Analysis (JHA) Procedure</td>
<td>5 pts</td>
</tr>
<tr>
<td>Corporate Safety Manual</td>
<td>5 pts</td>
</tr>
<tr>
<td>Injury and Incident Investigation Process*</td>
<td>5 pts</td>
</tr>
<tr>
<td>Employee Safety Training Programs*</td>
<td>5 pt</td>
</tr>
<tr>
<td>Safety Field Audit Process*</td>
<td>5 pt</td>
</tr>
<tr>
<td>Daily Safety Pre-Task Planning Process</td>
<td>5 pt</td>
</tr>
</tbody>
</table>

* Legally required document.
# Step Three
## Safety Documents Evaluation - Rubric

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below standard – Requires Extensive Improvements</td>
<td>0</td>
<td>Does not include critical elements.</td>
</tr>
<tr>
<td>Below Standard – Requires Improvements</td>
<td>5</td>
<td>Does not include many critical elements</td>
</tr>
<tr>
<td>Below Standard – Requires Minor Improvements</td>
<td>10</td>
<td>Does not include some critical elements.</td>
</tr>
<tr>
<td>Meets Minimum Standards</td>
<td>15</td>
<td>Contains all critical elements with minimal details.</td>
</tr>
<tr>
<td>Better than standard</td>
<td>20</td>
<td>Contains all critical elements and shows a commitment to a culture of safety.</td>
</tr>
</tbody>
</table>
Step Three
OSHA 300A Rates

SECTION 4: SAFETY QUESTIONS

Step 3

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

<table>
<thead>
<tr>
<th>Current Total Recordable Rate from U.S. Department of Labor for Firm’s NAICS</th>
<th>2019 NAICS Data</th>
<th>2020 NAICS Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Automatically populated from Question B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Total Work loss Rate from U.S. Department of Labor for Firm’s NAICS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Automatically populated from Question B)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Calculated Rate  Possible Points  Points Earned for being equal to or better than industry rate (Automatically Calculated)

| 2019 Total Recordable Rate (Automatically Populated from Question A) | 10.00 | 0 |
| 2020 Total Recordable Rate (Automatically Populated from Question A) | 10.00 | 0 |
| 2021 Total Recordable Rate (Automatically Populated from Question A) | 10.00 | 0 |

| 2019 Total cases with days away from work, job restriction, or transfer rate (Automatically Populated from Question A) | 20.00 | 0 |
| 2020 Total cases with days away from work, job restriction, or transfer rate (Automatically Populated from Question A) | 20.00 | 0 |
| 2021 Total cases with days away from work, job restriction, or transfer rate (Automatically Populated from Question A) | 20.00 | 0 |

Total OSHA 300A Score: 0

Question Q - Scoring Rubric - Injury Rates:

<table>
<thead>
<tr>
<th>Recordable Score</th>
<th>Lost Workday Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better than Industry</td>
<td>10.00</td>
</tr>
<tr>
<td>Equal to Industry</td>
<td>5.00</td>
</tr>
<tr>
<td>Worse than Industry</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### Step Three Score

**STEP 3 SCORE RESULTS**

Minimum score to pass is 150
Which is 50% of the maximum score of 300

<table>
<thead>
<tr>
<th>Category</th>
<th>Applicant Score</th>
<th>Max Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. Safety Document Submittals - Submission Scores</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>M. Safety Document Submittals - Content Evaluation Scores</td>
<td>0</td>
<td>160</td>
</tr>
<tr>
<td>N. OSHA Serious Violations</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>O. OSHA Willful and Repeat Violations</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>P. Workplace Fatality</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Q. Occupational Safety and Health Administration (OSHA) For 300A Summary of Work-Related Injuries and Illness</td>
<td>0</td>
<td>90</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
<td><strong>150</strong></td>
</tr>
</tbody>
</table>
Step Three
Review and Evaluations

- Conducted by Safety Experts hired by the Departments
- Safety Documents evaluated must exist at time of Bid Due Date
- Contractor can not modify their documents to pass current solicitation
- Step Three Evaluations provided after Bid Open Date – with expectation Contractor will use to improve Safety Documents for future procurements
Questions

- Email Questions to CAB@SFWATER.ORG
Step Three – Violations and Fatalities

- Violations evaluated by Safety Expert and negative score potentially mitigated by explanation
  - Serious – up to 25 negative points per violation
  - Willful or Repeat – up to 200 negative points per violation

- Fatalities evaluated by safety expert
  - 200 negative points, potentially mitigated by evaluation of explanation
## OSHA Serious Violations – Rubric

<table>
<thead>
<tr>
<th>Unsafe Workplace – Injury or Risk of injury</th>
<th>Corrective Action Ineffective or Non-Enforceable</th>
<th>Corrective Action Adequate</th>
<th>Corrective Action Clear, Enforceable, Implemented, Measured Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sprains/Strain injuries, Contusion/Bruising, Dermatitis</td>
<td>-10</td>
<td>-5</td>
<td>0</td>
</tr>
<tr>
<td>Laceration &lt; 5 stitches, 1st degree burn, Minor eye injury, Back injuries</td>
<td>-10</td>
<td>-5</td>
<td>0</td>
</tr>
<tr>
<td>Laceration 5 to 15 stitches, Corrosive chemical exposure, Chemical inhalation, 2nd degree burn</td>
<td>-15</td>
<td>-10</td>
<td>-5</td>
</tr>
<tr>
<td>Fractures, Hospitalization (overnight of longer), Electrical shock, Severe laceration &gt; 15 stitches, 3rd degree burn</td>
<td>-20</td>
<td>-15</td>
<td>-10</td>
</tr>
<tr>
<td>Work-related Fatality, Amputation, High potential for fatality (Elec shock w/o PPE, Fall w/o fall protection)</td>
<td>-25</td>
<td>-20</td>
<td>-15</td>
</tr>
<tr>
<td>OSHA Citation</td>
<td>Regulatory Violation</td>
<td>General Violation</td>
<td>Serious Violation</td>
</tr>
<tr>
<td>---------------</td>
<td>----------------------</td>
<td>-------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Repeat</td>
<td>-10</td>
<td>-25</td>
<td>-100</td>
</tr>
<tr>
<td>Willful</td>
<td>-30</td>
<td>-50</td>
<td>-200</td>
</tr>
</tbody>
</table>
# Work-Related Fatality – Rubric

## Negative Score – Potentially Mitigated by Evaluation of Explanation

<table>
<thead>
<tr>
<th>No Citation: Personal Medical or Employee at Fault</th>
<th>Serious Citation Issued</th>
<th>Willful Citation Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>-100</td>
<td>-200</td>
</tr>
</tbody>
</table>
Contractors Assistance Center

150 Executive Park Blvd Ste 1300
San Francisco CA, 94134
Phone: 415-467-1040
Email: acp@sfwater.org
Website: sfpuc.org/ContractorCenter