

Service Supplier HSE History

Company Name: _____ Completed by: _____ Date: _____

Type of Service Supplier: _____

Please provide your company's information requested below for the **previous three years**. This request is made in accordance with Recordkeeping Guidelines for Occupational Injuries and Illness under the Occupational Safety and Health Act (OSHA) of 1970 and Reporting Occupational Injuries and Illness, 29CFR Part 1904 and as defined in the General Services Agreement.

HSE Criteria	Previous (1) 200_	Previous (2) 200_	Previous (3) 200_
A) Workers Compensation Experience Modification Rate (EMR)			
B) OSHA Recordable Injury and Illness Incident Rate			
C) OSHA / EPA / NYS DOL / Other Regulatory Violation [Yes or No] [If Yes – Provide date, agency, citation, resolution & attach to form]			
D) DOT Safety Rating [Satisfactory or Unsatisfactory] [If Unsatisfactory – Provide date, citation, resolution & attach to form]			
E) Written HSE Program [Yes or No]			