# L.46 EXHIBIT F ENVIRONMENT, SAFETY, HEALTH, AND QUALITY (ESH&Q) PAST PERFORMANCE INFORMATION FORM (to be completed by Offeror and all major or critical subcontractor(s) only)

The Offeror and all major or critical subcontractor(s) shall provide a complete response to the following Environment, Safety, Health and Quality (ESH&Q) Information for their company, assessing their business experience as a whole. If an indicator is not applicable, enter “N/A” and provide an explanation on why the requested information does not apply. If an indicator is zero, enter “0”. Where events are referenced under more than one ESH&Q Past Performance Indicator, provide a sequential letter identifier each time the same event is reported below. The term “subcontractor” applies to any level of subcontract employee working under the cognizance of the Offeror team member.

# Offeror and all major or critical subcontractor(s) shall complete the following form. For any significant findings, please use the narrative reference block to provide any additional information related to the problem(s) noted.

|  |  |
| --- | --- |
| **ESH&Q Past Performance Information Form for:\_[Insert Company Name]****[Insert complete name and title of responder]****ESH&Q Past Performance Indicator** | **Events and Explanation** |
| **YTD 2014** | **2013** | **2012** | **2011** | **2010** | **Narrative Reference** |
| **Environmental Indicators** |
| E.1 Number and types of federal, state, and local environmental permits managed. |  |  |  |  |  |  |
| E2. Number of Environmental Protection Agency or state equivalent agency enforcement actions, amount of fine, penalty, and/or settlement conditions for each, and enforcement authority that took action. |  |  |  |  |  |  |
| E3. Number of releases of a hazardous substance or regulated pollutant that exceeded CERCLA reportable quantities specified in 40 CFR Part 302 and 40 CFR Part 355. |  |  |  |  |  |  |
| E4. Number of releases above any other federal, state, and local environmental permit requirements not reported under E2 and E3. |  |  |  |  |  |  |
| E5. Number of times that you and your subcontractors have achieved ISO 9001, 14001, and 18001 Qualification and Certification, (for each instance provide location, summary of contract scope performed, and date of achievement in narrative block). |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ESH&Q Past Performance Information Form for:\_[Insert Company Name]** |  |  | **Events and** | **Explanation** |
|  |  |  |  |  |  |
| **[Insert complete name and title of** |  |  |  |  |  |
| **responder] YTD****2014****ESH&Q Past Performance Indicator** | **2013** | **2012** | **2011** | **2010** | **Narrative Reference** |
| **Safety and Health Indicators** |
| S1. Number of Occupational Safety and Health Administration (OSHA) or state equivalent agency enforcement actions, date, amount of fine, penalty, and/or settlement conditions for each, and enforcement authority that took action. |  |  |  |  |  |
| S2. Number of nuclear safety Price Anderson Act Amendments (PAAA) warning letters and/or enforcement actions, amount of fine, penalty, and/or settlement conditions for each. |  |  |  |  |  |
| S3. Number of other federal agency actions not reported in S1 and S2 that are related to safety and health, date, amount of fine, penalty, and/or settlement conditions for each, and enforcement authority that took action. |  |  |  |  |  |
| S4. Number of times a Conditional Payment of Fee (under DEAR 970.5215-3) was invoked, date, amount, mitigating factors (if any), and DOE office that took action. |  |  |  |  |  |
| S5. Case rate for Days Away, Restricted, or Transferred (DART) cases per 200,000 hours worked and identify the total number of hours worked. |  |  |  |  |  |
| S6. Days rate for Days Away, Restricted, or Transferred (DART) cases per 200,000 hours worked and identify the total number of hours worked. |  |  |  |  |  |
| S7. Case rate for Total Recordable Case (TRC) per 200,000 hours worked and identify the total number of hours worked. |  |  |  |  |  |
| S8. Number of workplace fatalities (date of fatality and cause of fatality based on accident investigation results). |  |  |  |  |  |

|  |  |
| --- | --- |
| **ESH&Q Past Performance Information Form for:\_[Insert Company Name]****[Insert complete name and title of responder]****ESH&Q Past Performance Indicator** | **Events and Explanation** |
| **YTD 2014** | **2013** | **2012** | **2011** | **2010** | **Narrative Reference** |
| S9. Case rate for Days Away From Work cases per 200,000 hours worked and identify the total number of hours worked. |  |  |  |  |  |  |
| S10. Experience Modification Rate (EMR) – workers’ compensation loss experience rate. |  |  |  |  |  |  |
| S11. Total number of Workers’ Compensation claims filed by you and your subcontractors employees. |  |  |  |  |  |  |
| S12. Fire loss rate (dollars per year) |  |  |  |  |  |  |
| S13. Average annual worker radiation effective dose rate. |  |  |  |  |  |  |
| S14. Number of events reported into the DOE Occurrence Reporting Processing System (ORPS). List the Report No., Reporting Criteria, and Significance Category for each event. |  |  |  |  |  |  |
| S15. Number of times you or your subcontractors achieved recognition for safety program performance through the Voluntary Protection Program (OSHA or DOE); (for each instance provide location, summary of contract scope performed, and date of achievement in narrative block). |  |  |  |  |  |  |
| **Quality Indicators** |
| Q1. Number of quality awards received from customers; summary of citation, location, and date(s) of award. |  |  |  |  |  |  |
| Q2. Number of national and international quality awards received or as a finalist; summary of citation, location, and date(s) of award/award ceremony. |  |  |  |  |  |  |
| Q3. Percentage of quality assurance corrective actions tracked at corporate level completed on time. Include summary of corrective action(s), and date(s). |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **ESH&Q Past Performance Information Form for:\_[Insert Company Name]****[Insert complete name and title of responder]****ESH&Q Past Performance Indicator** | **Events and Explanation** |
| **YTD 2014** | **2013** | **2012** | **2011** | **2010** | **Narrative Reference** |
| Q4. Number of nonconformance reporting or other inspection systems resulting in corrective or improvement actions taken. Include summary of corrective action(s), and date(s). |  |  |  |  |  |  |