

SUBCONTRACTOR/ SUPPLIER PRE-QUALIFICATION FORM

Complete the form below as well as Attachments A and B, and return to dck worldwide, Attn: Procurement Dept., via fax at (412) 384-1150 or email prequalification@dckww.com. Please note, every section of this form must be completed in its entirety to be processed for consideration.

SECTION 1: General Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Website Address: _____

What **dck** projects are you interested in bidding? _____

Contact(s)	Name, Title:	Phone & Ext.:	Cell Phone:	E-mail:
Contracts Administration:				
Estimating Lead:				
Project Management Lead:				
Corporate Safety:				
Accounting:				

SECTION 2: Company Information

Type of Business (circle all that apply)

INC.	Partnership	Proprietorship	Sub. S. Corp	LLC	Other
------	-------------	----------------	--------------	-----	-------

If "Other", please specify: _____

Minority Business Enterprise Status (circle all that apply)

MBE Type:	Minority	Women	Disadvantaged	Veteran	Small Business
If Small Business, what type:	SDB	WOSB	VOSB	SDVOSB	

If "Other", please specify: _____

List all NAICS Codes and Code Descriptions applicable to your company: _____

DUNS #: _____ CAGE/ NCAGE #: _____

(continued on next page)

Labor Affiliation:	Union Shop	Open Shop	Both
--------------------	------------	-----------	------

Number of People your company presently employs:

Home/Regional Offices:		Field Supervisory:		Trades:	
------------------------	--	--------------------	--	---------	--

CSI Codes: *Please refer to attachment A at the end of this form.*

Size of contracts you're interested in pursuing with dck worldwide: (circle all that apply)

Under \$50,000	\$50,000 to \$499,000	\$500,000 to \$999,000	\$1,000,000 to \$2,999,000	\$3,000,000 to \$5,999,000
\$6,000,000 to \$9,999,000	\$10,000,000 to \$14,999,000	Over \$15,000,000		

Area(s) you are interested in pursuing work with dck worldwide: (circle all that apply)

Continental USA	Continental USA – North West	Continental USA – South West	Continental USA – North East	Continental USA – South East
Hawaii	Guam	Puerto Rico	Alaska	Caribbean
Middle East	Other Locations (please list):			

Company Experience with Project Types: (circle all that apply)

Commercial Private	Local Government	Federal Government	Military	Design/ Build
LEED	Industrial	Correctional Facilities	Healthcare	Hotel & Resort
Gaming	High Tech	Sports & Entertainment	Pharmaceutical	Other types (please list):

(continued on next page)

SECTION 5: Financial

ALL FINANCIAL INFORMATION WILL BE TREATED WITH STRICT CONFIDENTIALITY.

Depending on the specifics of the project or the scope of work, **dck worldwide, LLC** may require additional financial information. If required, someone will contact you.

Are you willing to provide additional information if requested?

Yes.

No.

Optional: Please attach a copy of your most recent audited balance sheet and income statement.

Bank Information			
Name of Bank:			
Address:			
Contact Person:			Phone:
			Email:

Dunn & Bradstreet Information			
D&B Number:		D&B Rating:	
Pay Record:		Rating Date:	

Surety Information			
Surety Company:			
Agent/ Broker:		Phone:	
		Email:	

Bond Rates					
Please enter Bond Rates for					
<i>(only enter bond rates to amounts in which you be bidding):</i>					
\$100,000:	%	\$500,000:	%	\$1,000,000:	%
\$3,000,000:	%	\$6,000,000:	%	\$10,000,000:	%
\$15,000,000:	%				
Single Project Bonding Capacity			\$		
Aggregate Bonding Capacity			\$		
Current Bonded Back Log as of Today			\$		

General	
Largest contract completed	\$
Largest current contract held	\$
Total of all current contracts	\$

Revenues	2006	2007	2008	2009
Total Revenues by year				

(continued on next page)

SECTION 8: Attestation

The undersigned warrants and represents the data provided is accurate.

Name of Company:	
Signature:	
Print Name:	
Title:	
Date:	

Please complete Attachments A and B continued on following pages.

Attachment A – CSI Codes

Please check all codes your company is interested in bidding.

√	Code #	Code Description
	02200	Site Preparation
	02300	Earthwork
	02500	Utility Services
	02700	Bases, Ballasts, Pavements & Appurtenances
	03300	Cast-In Place Concrete
	03400	Pre-Cast Concrete
	03500	Cementitious, Deck & Underlayment
	03900	Concrete Restoration
	04200	Masonry Units
	05100	Structural Metal Framing
	05400	Cold – Formed Metal Forming
	05500	Metal Fabrications
	05800	Expansion Control
	05900	Metal Restoration and Cleaning
	06100	Rough Carpentry
	06200	Finish Carpentry
	06600	Plastic Fabrications
	06900	Wood & Plastic Restoration and Cleaning
	07100	Damproofing & Waterproofing
	07400	Roofing and Siding Panels
	07500	Membrane Roofing
	07700	Roof Specialties & Accessories
	07800	Fire & Smoke Protection
	07900	Joint Sealers
	08100	Metal Doors & Frames
	08200	Wood and Plastic Doors
	08300	Specialty Doors
	08600	Skylights
	08700	Hardware
	08800	Glazing
	09200	Plaster & Gypsum Board
	09300	Tile

09400	Terrazzo
09500	Ceilings
09600	Flooring
09700	Wall Finishes
09800	Acoustical Treatments
09900	Paint and Coating
10100	Visual Display Boards
10150	Compartments and Cubicles
10200	Louvers and Vents
10240	Grilles and Screens
10250	Service Walls
10260	Wall and Corner Guards
10270	Access Floors
10290	Pest Control
10300	Fireplaces & Stoves
10340	Manufactured Exterior Specialties
10350	Flagpoles
10400	Identification Devices
10450	Pedestrian Control Devices
10500	Lockers
10520	Fire Protection Specialties
10530	Protective Covers
10550	Postal Services
10600	Partitions
10670	Storage Shelving
10700	Exterior Protection
10750	Telephone Specialties
10800	Toilet, Bath & Laundry Accessories
10900	Wardrobe & Closet Specialties
11010	Maintenance Equipment
11020	Security & Vault Equipment
11030	Teller and Service Equipment
11040	Ecclesiastical Equipment
11050	Library Equipment
11060	Theater & Stage Equipment
11070	Instrumental Equipment
11080	Registration Equipment

	11090	Checkroom Equipment
	11100	Mercantile Equipment
	11110	Commercial Laundry Equipment & Dry Cleaning
	11120	Vending Equipment
	11130	Audio Visual Equipment
	11140	Vehicle Service Equipment
	11460	Unit Kitchens
	11470	Darkroom Equipment
	11480	Athletic, Recreational & Therapeutic Equipment
	11500	Industrial & Process Equipment
	11600	Laboratory Equipment
	11650	Planetarium Equipment
	11660	Observatory Equipment
	11680	Office Equipment
	11700	Medical Equipment
	11780	Mortuary Equipment
	11850	Navigation Equipment
	11870	Agricultural Equipment
	11900	Exhibit Equipment
	12050	Fabrics
	12100	Art
	12300	Manufactured Casework
	12400	Furnishings & Accessories
	12500	Furniture
	12600	Multiple Seating
	12700	Systems Furniture
	12800	Interior Plants & Planters
	12900	Furnishing Repair & Restoration
	13010	Air Supported Structures
	13020	Building Modules
	13030	Special Purpose Rooms
	13080	Sound, Vibration & Seismic Control
	13090	Radiation Protection
	13100	Lightning Protection
	13110	Cathodic Protection
	13120	Pre-Engineered Structures
	13150	Swimming Pools

	13165	Aquariums
	13170	Aquatic Park Facilities
	13175	Ice Rinks
	13185	Kennels & Animal Shelters
	13190	Site Constructed Incinerators
	13200	Storage Tanks
	13220	Filter Underdrains & Media
	13230	Digester Covers & Appurtenances
	13240	Oxygenation Systems
	13260	Sludge Conditioning System
	13280	Hazardous Material Remediation
	13400	Measurement & Control Instrumentation
	13500	Recording Instrumentation
	13550	Transportation Control Instrumentation
	13600	Solar & Wind Energy Equipment
	13700	Security Access & Surveillance
	13800	Building Automation & Control
	13850	Detection & Alarm
	13900	Fire Suppression
	14100	Dumbwaiters
	14200	Elevators
	14300	Escalators & Moving Walks
	14400	Lifts
	14600	Hoists & Cranes
	14800	Scaffolding
	15300	Fire Protection Piping
	15400	Plumbing Fixtures & Equipment
	15700	HVAC
	16000	Electrical
	16700	Communications
	16800	Sound & Video

Attachment B-1 North America, Hawaii, Guam CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
DATE OF ISSUE

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAME & ADDRESS OF PRODUCER

COMPANIES AFFORDING COVERAGE

COMPANY
LETTER **A** NAME OF INSURANCE COMPANY

INSURED

COMPANY
LETTER **B** NAME OF INSURANCE COMPANY

NAME & ADDRESS OF INSURED

COMPANY
LETTER **C** NAME OF INSURANCE COMPANY

COMPANY
LETTER **D** NAME OF INSURANCE COMPANY

COMPANY
LETTER **E** NAME OF INSURANCE COMPANY

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CALIMS MADE X OCCUR.	POLICY NUMBER	00/00/00	00/00/00	GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/OP AGG. \$3,000,000 PERSONAL & ADV. INJURY \$2,000,000 EACH OCCURRENCE \$2,000,000 FIRE DAMAGE (ANY ONE FIRE) \$ 500,000 MED. EXPENSE (ANY ONE PERSON)\$ 10,000
	X PER PROJECT AGG.				
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	POLICY NUMBER	00/00/00	00/00/00	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM	POLICY NUMBER	00/00/00	00/00/00	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER	00/00/00	00/00/00	X STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Contractor, Owner, Architect/Engineer are named as additional insureds under all liability policies, except Professional, on a primary non-contributory basis. A waiver of Subrogation is granted under the general liability and worker's compensation policies.

CERTIFICATE HOLDER

dck north america, LLC
P. O. BOX 18505
PITTSBURGH, PA 15236
ATTN: CLAIMS DEPT.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
DATE OF ISSUE

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAME & ADDRESS OF PRODUCER

COMPANIES AFFORDING COVERAGE

INSURED

NAME & ADDRESS OF INSURED

COMPANY
LETTER **A** NAME OF INSURANCE COMPANY

COMPANY
LETTER **B** NAME OF INSURANCE COMPANY

COMPANY
LETTER **C** NAME OF INSURANCE COMPANY

COMPANY
LETTER **D** NAME OF INSURANCE COMPANY

COMPANY
LETTER **E** NAME OF INSURANCE COMPANY

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CALIMS MADE X OCCUR.	POLICY NUMBER	00/00/00	00/00/00	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$2,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURANCE \$1,000,000 FIRE DAMAGE (ANY ONE FIRE) \$ 50,000 MED. EXPENSE (ANY ONE PERSON)\$ 5,000
	X PER PROJECT AGG.				
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	POLICY NUMBER	00/00/00	00/00/00	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY X UMBERLLA FORM OTHER THAN UMBRELLA FORM	POLICY NUMBER	00/00/00	00/00/00	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER	00/00/00	00/00/00	X STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Contractor, Owner, Architect/Engineer are named as additional insureds under all liability policies, except Professional, on a primary non-contributory basis. A waiver of subrogation is granted under the general liability and worker's compensation policies.

CERTIFICATE HOLDER

Oakview dck, LLC

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF INSURANCEISSUE DATE (MM/DD/YY)
DATE OF ISSUE**PRODUCER**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAME & ADDRESS OF PRODUCER

COMPANIES AFFORDING COVERAGE

COMPANY

LETTER **A** NAME OF INSURANCE COMPANY**INSURED**

COMPANY

LETTER **B** NAME OF INSURANCE COMPANY

COMPANY

LETTER **C** NAME OF INSURANCE COMPANY

NAME & ADDRESS OF INSURED

COMPANY

LETTER **D** NAME OF INSURANCE COMPANY

COMPANY

LETTER **E** NAME OF INSURANCE COMPANY**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CALIMS MADE X OCCUR.	POLICY NUMBER	00/00/00	00/00/00	GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG. \$2,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (ANY ONE FIRE) \$ 50,000 MED. EXPENSE (ANY ONE PERSON)\$ 5,000
	X PER PROJECT AGG.				
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS GARAGE LIABILITY	POLICY NUMBER	00/00/00	00/00/00	COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY X UMBRELLA FORM OTHER THAN UMBRELLA FORM	POLICY NUMBER	00/00/00	00/00/00	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER	00/00/00	00/00/00	X STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000

OTHER

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Contractor, Owner, Architect/Engineer are named as additional insureds under all liability policies, except Professional, on a primary non-contributory basis. A waiver of subrogation is granted under the general liability and worker's compensation policies.

CERTIFICATE HOLDER

Oakview dck, LLC

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ATTACHMENT C
PQ Assistance – Section 4 - Safety

This document is to assist you complete Section 4 – Safety of the dck worldwide Prequalification Form. Should you need further assistance completing this portion, please contact the dck employee requesting this document.

SECTION 4: Safety Information		2007	2008	2009	2010
2.	Experience Modification Rate				
3.	OSHA Recordable Incident Rate				
4.	DART Rate				
	Total Employee Labor Hours				
	Number of OSHA Citations				
5.	Number of Fatalities				
6.	Name of Corporate Safety Representative:			Phone:	
				Email:	
7.	If you were not able to complete the above table, please explain:				

EXAMPLE ONLY

1. Experience Modification Rate: Provided by your company insurance carrier.

2. OSHA Recordable Incident Rate: a mathematical calculation that describes the number of employees per 100 full-time employees that have been involved in a recordable injury or illness. To complete this calculation, you will need to obtain your OSHA Recordable Cases information from your company OSHA 300 Log of Work-Related Injuries and Illness for the appropriate calendar year. You need total employee labor hours for each appropriate year, available from your payroll department and/or employee timecards.

The OSHA Recordable Incident Rate (IR) is calculated by multiplying the number of recordable cases by 200,000, and then dividing that number by the number of labor hours at the company.

$$IR = \frac{\text{Number of OSHA Recordable Cases X 200,000}}{\text{Number of Employee labor hours worked}}$$

IR Rate Calculation Example: A company has 17 full-time employees and 3 part-time employees (each work 20 hours per week); this equates to 28,400 labor hours each year. If the company experienced 2 recordable injuries, then the formula works like this:

$$\begin{array}{rcl}
 2 \times 200,000 & & 400,000 \\
 \text{IR} = \frac{\text{-----}}{28,400} & \text{IR} = \frac{\text{-----}}{28,400} & \text{IR} = 14.08
 \end{array}$$

Example Explanation: For every 100 employees, 14.08 employees have been involved in a recordable injury or illness.

3. DART Rate (Days Away/Restricted or Job Transfer Rate): a mathematical calculation that describes the number of recordable incidents per 100 full time employees that resulted in lost or restricted days or job transfer due to work related injuries or illnesses. Cases involving days away and/or restricted work activity, and/or job transfer are considered as D.A.R.T. cases. To complete this calculation: you need to obtain OSHA D.A.R.T. Case information from your company OSHA 300 Log of Work-Related Injuries and Illness for appropriate calendar year. You will also need to obtain total employee labor hours for your company, for each appropriate year, from your payroll department and/or employee timecards.

The DART rate is calculated by adding up the number of incidents that had one or more Lost Days, one or more Restricted Days, or that resulted in an employee transferring to a different job within the company, and multiplying that number by 200,000, then dividing that number by the number of employee labor hours at the company.

$$\text{DART Rate} = \frac{\text{Total Number of DART incidents} \times 200,000}{\text{Number of Employee Labor Hours Worked}}$$

DART Rate Calculation Example: A company has one of two recordable incidents resulted in limited or restricted work activity that necessitated a job transfer to a different position in the company. The first was a broken leg that had only lost time associated with it (no restriction or transfer). The calculations would look like this:

$$\begin{array}{rcl}
 2 \times 200,000 & & 400,000 \\
 \text{DART Rate} = \frac{\text{-----}}{28,400} & \text{DART Rate} = \frac{\text{-----}}{28,400} & \text{DART Rate} = 14.08
 \end{array}$$

Example Explanation: At this company, for every 100 employees, 14.08 incidents resulted in lost or restricted days or job transfer due to work related injuries or illnesses.

4. Total Employee Labor Hours: Obtain this information from your company’s payroll department and/or employee Time Cards.

5. Number of OSHA Citations & Number of Fatalities: Obtain information from your company Safety, Risk or Human Resource Department.

6. Corporate Safety Manager's Contact Information: Should we need further explanation/ clarification of your company's disclosed safety information, our Safety management team would like to discuss this information with your company's Safety Representative. Please provide name, phone number and email address.

7. Explanation: When completing this form, should you leave something blank on Section 4- Safety, please explain why you did so. Note: Your company's prequalification form will be rejected if any part of Section 4- Safety is left blank or incomplete without explanation.

Further assistance: Should you need further assistance completing Section 4 of the dck worldwide Prequalification Form, please contact the dck employee requesting this document.