

STATE OF NEVADA  
DEPARTMENT OF TRANSPORTATION

# REQUEST FOR QUALIFICATIONS

## RFQ 105-23-015

Project Specifications and Instructions  
for Submitting a Statement of Qualifications

# Henderson Interchange Design-Build

Clark County

Due: May 25, 2023  
No later than 12:00 P.M., Local Time

[Addendum 1: Issued April 11, 2023](#)



Tracy Larkin Thomason, PE, Director  
Department of Transportation

**FORM S  
SAFETY QUESTIONNAIRE**

Name of Proposer: \_\_\_\_\_

Firm Name: \_\_\_\_\_

A) Provide the following information for the past five (5) years nationwide (if the latest year Experience Modification (E-Mod) (or NCCI) Rating is unavailable, please note "N/A"):

Item	201 <del>8</del> <u>6</u>	201 <del>9</del> <u>8</u>	20 <del>20</del> <u>19</u>	202 <del>1</del> <u>0</u>	202 <del>2</del> <u>1</u>
Annual average number of employees <sup>1</sup>					
Total employee hours worked (Do not include nonwork time, even though paid) <sup>1</sup>					
Total number of non-fatal work-related injury and illness cases <sup>1</sup>					
Number of cases involving days away from work <sup>1</sup>					
Number of cases involving job transfer or restricted work activity only <sup>1</sup>					
Insurance Experience Modification (E-Mod) (or NCCI) Rating					
OSHA reportable incidents					
OSHA citations					

B) Provide the following information for all the projects listed on Form DP and Form E-1:

Project Name	Total Hours Worked by All Employees on Project	# of Lost Workday Cases on Project	# of Restricted Workday Cases on Project	# of Cases with Medical Attention Only on Project	# of Fatalities on Project

<sup>1</sup> As reported on either the firm's *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A) or all of the firm's *Logs of Work-Related Injuries and Illnesses* (OSHA Form 300) for the respective year.