

FORM HS-1

Name of Applicant:

The applicant must provide the following information regarding health and safety of their firm.

Provide a description of the firm's formal health and safety training:

Provide a summary of the firm's Lost-Time Accident history for the past three (3) years:

Firms Experience Modification Rate (EMR) for each the last (3) three years

2021 EMR:

2022 EMR:

2023 EMR: