# Evaluation Criteria Forms

## E. Safety Information for Prime Contractor and Subcontractors

| Company Name(s) | TRIR | TRIR | TRIR | TRIR | TRIR | EMR | EMR | EMR | Fatalities |
|---|---|---|---|---|---|---|---|---|---|
| | *2020* | *2019* | *2018* | *2017* | *2016* | *2020* | *2019* | *2018* | |
| Prime Contractor | | | | | | | | | |
| | | | | | | | | | |
| Key Subcontractor | | | | | | | | | |
| | | | | | | | | | |
| Key Subcontractor | | | | | | | | | |
| | | | | | | | | | |
| Key Subcontractor | | | | | | | | | |
| | | | | | | | | | |