

## Exhibit N

Project:  
Subcontractor:  
Subcontract No.:

Work Item No.:

### KAJIMA BUILDING & DESIGN GROUP, INC. SAFETY AND LOSS CONTROL DATA FORM

1. List your Company's experience modification rate (EMR) for the past four years, as well as the current year. Provide a letter from your insurance carrier or state fund (on their letterhead) verifying the EMR rate.

Year	EMR rate		
20__	_____	<input type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate, State of _____
20__	_____	<input type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate, State of _____
20__	_____	<input type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate, State of _____
20__	_____	<input type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate, State of _____

2. Provide a copy of your Company's OSHA 200 logs for the past four years. If you do not complete OSHA 200 forms, provide your Company's injury experience for the past four years, and an explanation of why you do not use OSHA Form 200.

3. Has your company been cited by OSHA in the past five years?  Yes (list below)  No

Citation	Date	Citation	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Name your proposed Senior Site Representative for this project and safety information for his/her past three projects.

KBDG Project: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Project	1.	2.	3.
OSHA Incident Frequency Rate	_____	_____	_____
Lost Time Frequency Rate	_____	_____	_____

5. Will your insurance company Loss Control Specialist visit the Project Site?

Yes (circle one) Monthly  Quarterly  Yearly

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

6. Do you require documented safety meetings for your employees? Indicate which and how often.

Field Supervisors:  Yes, Frequency \_\_\_\_\_  No Employees:  Yes, Frequency \_\_\_\_\_  No

New Hires:  Yes, Frequency \_\_\_\_\_  No Subcontractors:  Yes, Frequency \_\_\_\_\_  No

7. Do you conduct documented safety inspections?  Yes, Frequency \_\_\_\_\_  No

8. Do you have home office representatives who visit/audit the job?

Name: \_\_\_\_\_ Phone \_\_\_\_\_

The undersigned warrants and represents the data provided in this document is accurate in all respects.

Name of Firm \_\_\_\_\_ Prepared by \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_