



## City of Miami, Department of Procurement Experience of the Health & Safety (H&S) Manager/Reference Form - RFP-EHSM

### INSTRUCTIONS

Health & Safety Manager shall complete the following information for completed projects within the past five (5) years, where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the "Project." The reference provided below should be for one (1) project and must comply with the requirements listed in Section 3.5(C) of the RFP. Please provide at least three (3) projects.

**FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.**

### REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by the Health & Safety Manager)

This project reference complies with the Experience Requirement(s) under Section 3.5(C) of the RFP.

Yes                       No                       Not Applicable

### REFERENCE PROJECT INFORMATION (To be Completed by the Health & Safety Manager)

Reference Project Name/Address:

Name(s) and Role(s) of Health & Safety Manager Working on this Reference Project:

Reference Project Description:

Scope of Services Provided:

Compensation for Services: \$

Project Start Date: / /

Project Completion Date: / /

Project Construction Cost: \$

Construction Start Date:  
/ /

Construction Completion Date:  
/ /

H&S Manager's Company Name:

Company's Contact Name:

H&S Manager's Title/Position:

Company's Contact Phone Number:

Company's Contact Facsimile Number:

Company's Contact E-mail:

### REFERENCE PROJECT INFORMATION (To be Completed by the Project Owner)

Project Completed on Time and within Budget:  Yes     No    Project Duration:

If "No," was the **Health & Safety Manager** at fault or did it contribute to the delay(s) or increased cost?  Yes     No

Quality of Services Provided:  Above Expectations\*     Average     Below Expectations

(\*) "Above Expectations" means there were fewer errors and omissions than anticipated.

Did the **Health & Safety Manager** provide Project Management Services?     Yes     No     N/A

Did the **Health & Safety Manager** provide Construction Management Services?     Yes     No     N/A

Was the **Health & Safety Manager** responsive to the Project Owner?     Yes     No     N/A

Was the **Health & Safety Manager** timely in its reviews and submittals?     Yes     No     N/A

Reference Company Name:

Reference Contact Name:

Reference Title/Position:

Reference Contact Signature: \_\_\_\_\_

Reference Telephone Number:

Facsimile Number:

E-mail:

SPACE BELOW IS TO BE UTILIZED TO EXPAND ON THE SCOPE OF SERVICES PROVIDED FOR THIS PROJECT REFERENCE. PLEASE DESCRIBE YOUR FIRM'S INVOLVEMENT IN THE REFERENCE PROJECT. PROVIDE DETAILS TO SUPPORT WHETHER EACH TEAM MEMBER'S PARTICULAR EXPERTISE RELEVANT TO THE PROJECT WAS GAINED UNDER CURRENT EMPLOYMENT, OR AS A MEMBER OF ANOTHER FIRM (ADDITIONAL SHEETS OF PAPER MAY BE USED TO INCLUDE INFORMATION).