



Texas Department of Transportation[®]

4777 US Highway 80 East • Mesquite, Texas 75150-6643 • (214) 320-6100

March 8, 2013

RE: SH 183 Managed Lanes Project

To Whom It May Concern:

Attached is Addendum #1 to the Request for Qualifications that was issued February 20, 2013 (RFQ) for the above-referenced project.

This Addendum #1 amends the terms of the RFQ as noted herein.

The Texas Department of Transportation looks forward to receiving and reviewing your Qualification Statement and to discussing the Project and procurement in the upcoming one-on-one meetings as described in the RFQ.

Sincerely,

John Hudspeth, P.E.
Deputy Director
DFW Strategic Projects Office
Texas Department of Transportation

Attachment

OUR GOALS

705340133
MAINTAIN A SAFE SYSTEM • ADDRESS CONGESTION • CONNECT TEXAS COMMUNITIES • BEST IN CLASS STATE AGENCY

An Equal Opportunity Employer

REQUEST FOR QUALIFICATIONS

**TO DEVELOP, DESIGN, CONSTRUCT,
FINANCE, OPERATE AND MAINTAIN**

THE SH 183 MANAGED LANES PROJECT



THROUGH A

PUBLIC-PRIVATE PARTNERSHIP AGREEMENT

TEXAS DEPARTMENT OF TRANSPORTATION

ADDENDUM #1

ISSUED AS OF MARCH 8, 2013

ORIGINALLY ISSUED FEBRUARY 20, 2013

**Texas Department of Transportation
4777 E. Highway 80
Mesquite, Texas 75150**

The Texas Department of Transportation (“TxDOT”) hereby issues this Addendum #1 to the Request for Qualifications, dated February 20, 2013 (the “RFQ”) that was issued by TxDOT to prospective Proposers for the SH 183 Managed Lanes Project (the “Project”).

Initially capitalized terms not otherwise defined herein shall have the meanings set forth in the RFQ.

1. In the Table labeled “QS Organization” in Part B, Section 1 of the RFQ, the headings related to Volume 2 and Volume 4 are revised as follows:
 - The heading “Volume 2 – Technical Information (50%)” is hereby revised to read “Volume 2 – Technical Information”.
 - The heading “Volume 4 – Project Finance Experience and Qualifications (50%)” is hereby revised to read “Volume 4 – Project Finance Experience and Qualifications”.
2. Form G to the RFQ is hereby replaced in its entirety with the Form G attached as Exhibit A hereto. A version of the revised Form G is also included on the RFQ website in Word format.

EXHIBIT A
to
Addendum #1 to SH 183 RFQ

Revised Form G – Safety Questionnaire

FORM G
SAFETY QUESTIONNAIRE

Name of Proposer: _____

Name of entity completing this Form G: _____

Role of entity completing this Form G:

- Lead Contractor; or
- Construction Team Member

Instructions for completion: Should additional lines or space be needed to address the subject areas below, the entity completing this Form G may add additional lines within each subject area as appropriate. Form G has no QS page limitation.

Part A

- Please provide the total number of fatalities and the **incidence rates** for each of the cases listed below for the past three years for all projects nationwide. Please note that the incidence rate is calculated as follows: Rate = (Number of cases*200,000)/total employee hours worked.* Additional information on how to calculate these incidence rates is available in the instructions on completing “OSHA Forms for Recording Work-Related Injuries and Illnesses” (OSHA Forms 300, 300A, 301).

Item	2010	2011	2012
Number of Fatalities			
Incidence Rate of Injury and Illness Cases per 100 Full-Time Workers	2010	2011	2012
Total Recordable Cases			
Cases with Days Away from Work, Job Transfer or Restriction			
Cases with Days Away from Work			
Cases with Job Transfer or Restriction			
Other Recordable Cases			

* Note: The 200,000 hours in the formula represents the equivalent of 100 employees working 40 hours per week, 50 weeks per year and provides the standard base for the incidence rates.

- Please provide the firm’s NCCI Experience Modifier for the past three years for all projects in the United States. Additionally, you must include with this Form G, an NCCI letter or a letter from an insurance agent identifying the firm’s NCCI Experience Modifier.

Item	2010	2011	2012
NCCI Experience Modifier			

Part B

For purposes of this Part B, describe your firm's *standard or typical* safety program or practices.

1. To whom and how often are internal accident reports and report summaries sent to your firm's management?

Position	Monthly	Quarterly	Annually	Other (specify)

2. Do you hold site meetings for supervisors? Yes _____ No _____
 How often? Weekly ____ Biweekly ____ Monthly ____ Less often, as needed ____

3. Do you conduct Project Safety Inspections? Yes _____ No _____
 If yes, who conducts them? _____

How often? Weekly ____ Biweekly ____ Monthly ____

4. Does the firm have a written Safety Program? Yes _____ No _____
 5. Does the firm have an orientation program for new hires? Yes _____ No _____

If yes, what safety items are included? _____

6. Does the firm have a program for newly hired or promoted foremen?

Yes _____ No _____

If yes, does it include instruction of the following?

Topic	Yes	No
Safety Work Practices		
Safety Supervision		
On-site Meetings		
Emergency Procedures		
Accident Investigation		
Fire Protection and Prevention		
New Worker Orientation		

7. Does the firm hold safety meetings which extend to the laborer level?

Yes _____ No _____

How often? Daily ___ Weekly ___ Bi-Weekly ___ Less often, as needed ___

8. Does the firm have a program or written practices that expressly address the safety of the traveling public?

Yes _____ No _____

If yes, describe such programs or practices. _____

Part C

Identify any differences between the firm's standard or typical safety program or practices, as described above, and the firm's safety program or practices on projects similar to this Project in size and scope. _____
