March 22, 2022

Commonwealth of Pennsylvania
Department of General Services
Bureau of Professional Selections and Administrative Services
18th & Herr Streets
Harrisburg, PA 17125

Reference: DGS C-1101-0053.2 Phase 1 HVAC Construction
Lincoln University - Vail Hall Renovations

In reference to the above project, please contact Mary Ellen Strubilla with any questions or if you need any additional information at 610-719-6415 x20 and the email address is maryellen@fivestarmechanical.com.

Thank you for the opportunity to submit this proposal.

Sincerely,

[Signature]
Robert Garmon
President

Phone: 610-719-6415 ~ Fax: 610-719-6416

general@fivestarmechanical.com
Five Star Inc
Technical Submittal
Renovations to Vail Hall
Lincoln University

DGS C-1101-0053.2 Phase 1 HVAC Construction

Section 1: Project Team Qualifications, Experience and Past Performance
T-1A Introduction to the Project Team
T-1B Prime Contractor: Qualification, Experience and Past Performance
T-1C Subcontractor/Supplier Utilization Qualifications, Experience and Past Performance

Section 2: Project Management Plan
T-2A Project Management Team
T-2B Work Plan and Schedule
T-2C Safety Plan
T-2D Quality Control Plan

Section 3: Staffing Plan
T-3A Staffing Resources
T-3B Skill Training
T-3C Workforce Safety

Section 4: Supporting Documentation
T-4A Proposal Signature Page
T-4B Non-Collusion Affadavit

Proposed by: Five Star Inc
833 Lincoln Avenue Unit 8
West Chester PA 19380
Phone 610-719-6415
Fax 610-719-6416
Email: maryellen@fivestarmechanical.com

Phone: 610-719-6415  ~  Fax: 610-719-6416
general@fivestarmechanical.com
T-1A Introduction to the Project Team

- Five Star's owners have been installing HVAC and Plumbing systems in school districts, universities, municipalities, and healthcare facilities for a combined total of more than 100 years.

- Five Star performs the majority of their contract work in a Multi Prime environment. Five Star has experience as both the Mechanical/HVAC Prime as well as the Plumbing Prime.

- Five Star completed mechanical contract projects for The School District of Philadelphia, Lincoln University, West Chester University, Reading School District and Lower Merion School District, all of which involved renovations and additions.

- In addition, Five Star is also experienced with all types of underground utilities, earthwork, and has utilized independent Quality Control firms for all types of testing including underground piping and utilities.

- Five Star is highly experienced with staging, coordination, and scheduling several concurrent projects either at the same or different locations.

- Five Star provides and installs all of their own HVAC equipment, and piping systems. Our subcontractors will provide and install: sheetmetal, insulation, testing and balancing, and ATC.
Five Star will lead the coordination between suppliers and subcontractors. Coordination drawings will be developed as a basis for all installations. Submittals will be carefully reviewed by Five Star prior to submission to the Professional. Once approved, Five Star will carefully orchestrate the release of material and equipment to ensure smooth progress of the Project.

Five Star owns a warehouse that we are able to utilize to store both material and equipment, and we are in close proximity to the project so daily deliveries can be made.

Five Star will also have a project site superintendent. His role will be to coordinate all material and labor needs as well as monitor subcontractor progress, and communicate daily with the internal project management team.

Five Star has a working relationship with Blanski Sheetmetal for over 20 years doing many large projects such as Coatesville 9-10 Center - $8 million, Lincoln University Student Union Building - $2 million project in 2009.

Five Star has also done some smaller projects at Lincoln University using Delta Controls as the ATC contractor, also $5million installing the current HVAC in Vail Hall in 2010 using Delta Controls.

Five Star also did the Lincoln University Physical Plant in 2004 and 2005

Five Star has used Butler Balancing since 2001 when our business was started.

As mentioned before Five Star has done many projects at the University since 2001 including Vail Hall which was a historical building. We have also done multiple historic building for the City of Philadelphia over our 20 years in business

Five Star has done extensive work in a University setting over the years such as Lincoln University, West Chester University, Cheyney University, Penn State University Delaware Community College, Reading Community College, Kutztown University, etc.

Five Star has done work on multiple projects throughout its history when the payroll had over 70 men working in the HVAC and Plumbing industries over the years.
Project Management Plan for Vail Hall at Lincoln University
DGS C-1101-0053.2 Phase 1 HVAC
PA Department of General Services

Vail Hall Renovations - Lincoln University
Project DGS-C-1101-0053.2 Phase 1 HVAC
PA Department of General Services

Joe Gaffney
Lead Project Manager

Tom Gaffney
Labor Supervisor
Mary Ellen Strubilla
Project Coordinator
Bob Gaffney
Purchasing/Contracts

Kevin Burke
Superintendent
Five Star
Field Labor
Sheetmetal
Project Manager
Sheetmetal
Field Personnel
GeoThermal
Project Manager
GeoThermal
Field Personnel
ATC
Project Manager
ATC
Field Personnel
Balancing
Project Manager
Balancing
Field Personnel
APPENDIX F

PRIME CONTRACTOR
QUALIFICATION STATEMENT
APPENDIX F
PRIME CONTRACTOR QUALIFICATION STATEMENT

COVER SHEET

DGS Project Name Lincoln University - Vail Hall Renovations
DGS Project Number C-1101-0053.2 Phase 1 HVAC

Check One:
_X Corporation,
__Partnership,
__Individual,
__Joint Venture,
__Other ________________

Name of Firm Five Star, Inc.
Address 833 Lincoln Ave, Unit 8, West Chester, PA 19380
Principal Office same
Owner or Authorized Representative Joseph Gaffney
SECTION 1 – INFORMATION ON FIRM

1.1 Background Information

a) How many years has the firm been in business? 21 years

b) How many years has the firm been doing business in proposed contract field? 21 years

Under what former names has the firm conducted business?

________________________________________________________________________

________________________________________________________________________

c) Provide an Attachment 1 to this Qualifications Statement identifying all jurisdictions in which the firm is licensed or otherwise qualified to do business. List and provide copies of any business or trade licenses, certificates or registrations (to the extent that they apply to the Contract Work) held by the firm.

d) If the firm is a corporation, provide the following information:

  Date of incorporation May 29, 2001
  State of incorporation Pennsylvania
  President's name Robert Gaffney
  Vice President's name(s) Joseph Gaffney
  Secretary's name Thomas Gaffney
  Treasurer's name n/a

  Name of owner n/a

  Type of partnership n/a
  Names of partners n/a

  Date of formation n/a

f) If the firm is individually owned, provide the following information:

  Date of formation n/a
  Name of owner n/a

  Name of owner n/a

  Name of owner n/a

  Date of formation n/a

  Name of owner n/a

g) If the form of the firm is other than those listed above, describe it and name the principals:

  n/a
SECTION 2 - EXPERIENCE AND PERFORMANCE

2.1 General

   a) Provide the annual construction volume in dollars completed by the firm in the past three years:

      Year 2021: $8,700,000
      Year 2020: $11,525,000
      Year 2019: $9,817,000

   b) Identify the percentage of work on similar projects the firm typically performs with its own work force 40%
   c) List the categories of work that the firm normally performs with its own forces on similar projects. Equipment installation, pipe installation, supervision

2.2 Project Experience and References

Submit as Attachment 2 to this Qualifications Statement:

   a) Suggested number of Sheets/Pages:
      ▪ 3 sheets/(6 pages)

   Three (3) detailed project descriptions for relevant projects that are similar in size and scope to the Contract Work. The project descriptions shall include, at a minimum, the following information presented in the order listed below:

      i. Name of project, type of project and location
      ii. Description of the project and relevance of work to the Contract Work
      iii. Contact information for an owner representative familiar with the firm’s work performed on this project. Include name, address, telephone number(s) and e-mail address.
      iv. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.
      v. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.
      vi. As available, performance ratings of the work evaluated by owner or owner’s representative.

2.3 Contractor Safety Record

Submit as Attachment 3 to this Qualifications Statement the information specified herein and verify this information by providing copies of OSHA 300/200 Forms or appropriate documentation from insurance carriers, as applicable. The firm may submit written explanations to comment on or clarify its safety record.

   a) Provide the firm’s Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:

      Year 1: 2021 0.812
      Year 2: 2020 0.833
Year 3: 2019 0.845

b) Provide the firm’s Total Lost Workday Incidence Rate (LWDIR) for the past three years, beginning with the most recent year available:
Year 1: 2021 0
Year 2: 2020 0
Year 3: 2019 0

*LWDIR Rate = Number of Lost Time Injuries & Illnesses x 200,000 ÷ Total Hours Worked

c) Provide the firm’s Recordable Incidence Rate (RIR) for the past three years:
Year 1: 2021 0
Year 2: 2020 0
Year 3: 2019 0

*RIR Rate = Number of Injuries x 200,000 ÷ Total Hours Worked

d) Provide in an Attachment 4 to this Qualifications Statement a list of any health or safety citations issued by federal or state agencies for serious or willful violations issued in the past 3 years. Include a separate statement for any such violations and include the citation number, a brief description of the violation and the amount of penalty, if any, for each violation and current status of violation.

SECTION 3 - REQUIRED DISCLOSURES

The firm shall answer the following questions with regard to the past three (3) years. If any question is answered in the affirmative, the firm shall submit in an Attachment 5 to this Qualifications Statement, for each affirmative answer, a written explanation which shall provide details concerning the matter in question, including applicable dates, locations, names of projects/project owners and current status of any such matter.

3.1 Has the firm ever been debarred or suspended from doing business with any federal, state or local government agency or private entity?
Yes ___ No X

3.2 Is the firm currently or has the firm been otherwise prohibited from doing business with any federal, state or local government agency or private entity?
Yes ___ No X

3.3 Has the firm been denied prequalification (not including short listing), declared non-responsible, or otherwise declared ineligible to submit bids or proposals for work by any federal, state or local government agency or private entity?
Yes ___ No X

3.4 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?
Yes ___ No X

3.5 Has the firm been assessed or required to pay liquidated damages in connection with work performed on any project?
3.6 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?
  Yes ___ No X

3.7 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?
  Yes ___ No X

3.8 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?
  Yes ___ No X

3.9 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?
  Yes ___ No X

*Note: information regarding health and safety violations is addressed in a previous section.

3.10 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm’s business?
  Yes ___ No X

3.11 Has the firm been the subject to any bankruptcy proceeding?
  Yes ___ No X

SECTION 4 - REQUIRED REPRESENTATIONS

In submitting this Qualifications Statement, along with the representations and authorizations listed on the Proposal Signature page and in the RFP, the firm also makes the following representations, which it understands are required as a condition of performing the Contract Work and receiving payment for same.

4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth’s requirements for workers’ compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.

4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth’s prevailing wage law and Public Works Employment Verification Act.

4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.
4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.

4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.

4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.
March 22, 2022

Attachment #1

Commonwealth of Pennsylvania
Department of General Services
Bureau of Professional Selections and Administrative Services
18th & Herr Streets
Harrisburg, PA 17125

Reference: DGS C-1101-0053 Phase 1 HVAC Construction

Attached please find copies of our current business and trade licenses:

- City of Philadelphia
- City of Reading
- OSHA Training – Robert Gaffney, Thomas Gaffney

Phone: 610-719-6415 ~ Fax: 610-719-6416

general@fivestarmechanical.com
DISPLAY PROMINENTLY
if required by law

ROBERT GAFFNEY
833 LINCOLN AVE
STE 8
WEST CHESTER, PA 19380
USA

3514 Plumber Master
FIVE STAR INCORPORATED

THIS LICENSE IS GRANTED TO THE PERSON OR COMPANY FOR THE PURPOSE STATED ABOVE. IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF CITY ORDINANCES AND REGULATIONS.

<table>
<thead>
<tr>
<th>LICENSE CODE</th>
<th>LICENSE NO.</th>
<th>COMMERCIAL ACTIVITY LIC.</th>
<th>EXPIRES ON</th>
<th>ISSUED ON</th>
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</table>
FIVE STAR INCORPORATED
833 LINCOLN AVE UNIT 8
WEST CHESTER, PA 19380
USA

3527 Contractor
FIVE STAR INCORPORATED

THIS LICENSE IS GRANTED TO THE PERSON OR COMPANY FOR THE PURPOSE STATED ABOVE. IT IS SUBJECT TO IMMEDIATE CANCELLATION BY THIS DEPARTMENT FOR VIOLATIONS OF CITY ORDINANCES AND REGULATIONS.

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<thead>
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LICENSE
## Site Safety Managers

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<tr>
<th>Name</th>
<th>Relationship to Company</th>
<th>OSHA 30 Card Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian Gaffney</td>
<td>Employee</td>
<td>360TRAINING CERT</td>
</tr>
</tbody>
</table>
CITY OF READING
TRADES LICENSE
NON-TRANSFERABLE

License No: MP201805

2022 PLUMBING TRADE LICENSE
Expiration Date: 12/31/2022

GAFFNEY ROBERT P
28 FOX BROOK LANE
THORNTON PA 19373

PAID

CITY OF READING
TRADES LICENSE IDENTIFICATION CARD

2022 PLUMBING TRADE LICENSE
License No: MP201805
Expiration Date: 12/31/2022

GAFFNEY ROBERT P
28 FOX BROOK LANE
THORNTON PA 19373

LICENSEEE'S SIGNATURE

REMOVE IDENTIFICATION CARD, SIGN IT IN INK. THIS CARD SHOULD BE CARRIED WITH YOU DURING WORK.
**FIVESTAR INCORPORATED**
833 LINCOLN AVE UNIT 8
WEST CHESTER PA 19380

**3702 BUSINESS PRIVILEGE LICENSE**
FIVESTAR INCORPORATED

---

**LICENSE CODE | LICENSE NO. | BUSINESS TAX NO. | DOES NOT EXPIRE | PAID THIS AMOUNT | ON DATE**
---|---|---|---|---|---
3702 | 54614 | 7672645 | | 200.00 | 11/20/01

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**LICENSE**
March 22, 2022

Attachment #2

Commonwealth of Pennsylvania  
Department of General Services  
Bureau of Professional Selections and Administrative Services  
18th & Herr Streets  
Harrisburg, PA 17125

Reference: DGS C-1101-0053 Phase 1

Listed below are jobs showing our experience:

- West Chest University - Hollinger Field House GeoThermal Installation  
  150 University Ave, West Chester, PA 19383 – Dave Gulick (610-436-2341)  
  Contract $1,821,475 Morrison Geothermal - Subcontractor

- East Goshen Township GeoTermal Installation  
  1580 Paoli Pike, West Chester, PA 19380 - Louis Smith (610-692-87171)  
  Contract $408,400 KL Madron Well Drilling - Subcontractor

- London Grove Township Building - GeoThermal Installation  
  372 Rose Hill Road, West Grove, PA 19390 - Shane Kinsey 610-345-0100  
  Contract $379,000 Rath Geothermal - Subcontractor

- Methacton School District - Methacton High School MEP Project,  
  100 Kriebel Mill Road, Eagleville, PA - James Miller (717-625-3433)  
  Contract $1,163,000 – Job Completed 8/2018

- Downingtown Area School District – New Uwchlan Hills Elementary School  
  50 Peck Road, Downingtown, PA  – Mark Marella (215-368-5806)  
  Contract $3,177,000 – Job Completed 10/2020

- Philadelphia School District - Albert Greenfield Elementary School - HVAC Renovations  
  2200 Chestnut Street, Philadelphia, PA – Frank Radka (267-228-8497)  
  Contract $2,296,000 – Job Completed 10/2019

Phone: 610-719-6415 ~ Fax: 610-719-6416

general@fivestarmechanical.com
Completed Contracts

Owen J. Roberts School District
Owen J. Roberts High School - Chiller
Contract $92,000  Completed 12/2020
981 Ridge Road
Pottstown, PA 19465

Tredyffrin Easttown School District
New Eagle Elementary School - HVAC
Contract $1,188,000  Completed 8/2020
507 Pugh road
Wayne, PA 19087

Philadelphia School District
Albert M. Greenfield Elementary School
HVAC Renovation
Contract $2,296,000  Completed 10/2019
2200 Chestnut Street
Philadelphia, PA 09103

Jacksonwald and Lorane Elementary School
Exeter Township School District
Contract $1,685,000  Completed 10/2020
200 Elm Street
Reading, PA 19606

Reading Area Community College
HVAC Improvements - Various Buildings
Contract $179,100  October 2019
10 So. 2nd Street
Reading, PA 19602

Tredyffrin Easttown School District
Hillside Elementary School
HVAC $1,480,000  October 2019
507 Howaville Road
Berwyn, PA 19312

West Chester University
Sykes Restroom Renovation
Contract $78,000  January 2020
110 W. Rosedale Ave
West Chester, PA 19383

GAMP - Girard Academic Music
Philadelphia School District
Contract $198,000  May 2020
136 W. Ritner Street
Philadelphia, PA 19145
Parkside Elementary School
Penn Delco School District
Contract $422,000  SC10/2018
2 E. Forestview Road
Parksdale, PA 19015
Christopher Peters
717-393-3211

Reading School District
Middle Schools & Secure Entries
Contract $884,500  November 2019
800 Washington Street
Reading, PA 19601
Rick Rohrer
717-625-3433

PA Dept of General Services
Reading State Office Building
Boiler Replacement
Contract 586,950  January 2019
625 Cherry Street
Reading, PA 19602
Philip Duffy - DGS
610-378-4163

Methacton School District
Methacton High School 2018 MEP Project
Contract 1,163,000  August 2018
1005 Kriebel Mill Road
Eagleville, PA 19403
James Miller - Fidevia
717-625-3433

Wayne Junction Boiler Replacement
SEPTA
Contract 1,304,000  SC 10/2017
4494 Germantown Ave
Philadelphia, PA 19144
Sheth Jones
215-580-8428

Cheltenham High School Renovations
Cheltenham Township School District
Contract 1,048,000  SC 8/2017
500 Rices Mill Road
Wyncote, PA 19095
KCBA Architects
Stacy Thomas
215-368-5806

Newtown Public Works Building
Township of Newtown
Contract $422,000  SC10/2018
209 Bishop Hollow Road
Newtown Square, PA 19073
Lolli Architects
Jim Lolli
610-935-1480

McKinley Elementary School – Mechanical Plant Renovations
Philadelphia School District
Contract $2,282,000  Completed 2/2017
440 N. Broad Street
Philadelphia, PA 19130
John Gidzinski
215-400-5207
Philadelphia International Airport – Terminals D, E and F
Restroom Renovations
Contract $1,184,000  Completed 3/2017
City of Philadelphia
3500 Essington Avenue
Philadelphia, PA

Queen Lane Water Treatment Plant – Influent Valve& Actuators
Philadelphia Water Department
Contract $2,115,000  Completed 1/2016
3110 W. Queen Lane
Philadelphia, PA 19129

Northeast Water Pollution Control Plant
Process Air System Valve Improvements
Philadelphia Water Department
Contract $764,000  Completed 9/2016
3895 Richmond Street
Philadelphia, PA 19137

Lower Merion School District Administration Conversion
SJ Thomas Company
HVAC - $1,200,000  Completed 10/2016
Plumbing - $423,000
301 E. Montgomery Ave
Ardmore, PA 19003

West Chester University
Academic Quad Improvements
Contract $280,000  Completed 11/2017
201 Carter Drive
West Chester, PA 19383

Hill College House – University of PA
EJ Raith Mechanical
Contract $164,000  Completed 1/2017
3333 Walnut Street
Philadelphia, PA 19104

Rendall Hall Renovations
Lincoln University of PA
Plumbing – $381,540 Completed 9/2016
HVAC – $147,800
1570 Baltimore Pike
Lincoln University, PA 19352

Founders Hall
Delaware County Community College
Contract $213,000  Completed 9/2016
901 Media Line Road
Media, PA 19063

Julie Coyle
215-937-7882

Joe Irrera
215-685-2120

Dominic Cundari
215-288-6793

Gary Thomas
610-622-3720

Rod Lukens
610-496-0798

Ed Raith
610-429-4980

Kathy Comisiak
484-365-8171

Matt Griffith – Marotta/Main
717-393-3211
Zoup Soup
Flynn Construction
Contract $72,500 Completed 4/2016
500 W. Germantown Pike
Plymouth Meeting, PA 19462
Ryan Ernst
800-434-7759

New Eagle & Valley Forge
Tredyffrin Easttown School District
Contract $113,700 Completed 9/2016
507 Howellville Road
Berwyn, PA 19312
Mort Isaacson – Daley + Jalboot
215-564-5222

West Chester University
Boiler #1 Replacement
Century Engineering
200 Airport Road, Capital City Airport
New Cumberland, PA 17070
Andrew Barnes
717-901-7055

West Chester University
Hollinger Field House HVAC System Conversion
Century Engineering
200 Airport Road, Capital City Airport
New Cumberland, PA 17070
Andrew Barnes
717.901.7055 x3152

West Chester University
Lawrence Hall
Century Engineering
200 Airport Road, Capital City Airport
New Cumberland, PA 17070
Andrew Barnes
717.901.7055 x3152

Delcroft School Toilet Room Renovations
Southeast Delco School District
Contract $119,000 Completed 10/2016
Bonnell Associates
220 Baldwin Tower
Eddystone, PA 19022
Walt Subers
610-447-1200

Public Safety Building Renovation
Lower Merion Township
Contract $269,850 Completed 10/2016
Pennoni Associates
3001 Market Street, 2nd Floor
Philadelphia, PA 19104
Joann Ma
215-254-7788

Penncrest Men's Locker Room HVAC Replacement
Rose Tree Media School District
Contract $243,000 Completed 10/2016
Bonnell Associates
220 Baldwin Tower
Eddystone, PA 19022
Walt Subers
610-447-1200
Penn Wynne Library Addition & Alteration
Lower Merion Township
Contract $74,000  Completed 10/2016
VITETTA
1510 Chester Pike, Suite 104
Eddystone, PA 19026
Mark Johannesen
215-218-4733

Department of General Services
Lincoln University – Dickey Hall Modular IT
Contract $36,900  September 2015
Kimmel Bogrette Architecture
151 E. 10th Ave, Suite 300
Conshohocken, PA 19428
Dennis Kucera
484-365-7973
Ray Marijczuk
610-834-7805

West Chester University
Heated Sidewalks & Stair Removals
Contract $53,600  October 2015
Arris Engineering Group Ltd.
667 North River Street
Plains, PA 18705
Rod Lukens
610-496-0798
Brian Flynn
570-825-7760 x303

PA Dept of General Services
Cheyney University - Waste Water Treatment Plant Upgrades
Contract $109,000  Completed 6/14
Pennoni Associates
One Drexel Plaza, 3001 Market Street, Suite 200
3001 Market Street, Suite 200
Philadelphia, PA 19104
Bradley Pferdehirt
215-254-7878

Delaware County Community College
AJC Replacement Units-Data Center
Contract $236,750  Completed 4/14
Delaware Co. Community College
901 South Media Line Road
Media, PA 19063
Tony Deluca
610-359-5110

East Goshen Township
Township Building HVAC System Replacement
Contract $409,900  Completed 1/14
Alderson Engineering
407 Lakeside Park
Southampton, PA 18966
Paul Chiappardi
215-475-2766

Tredyffrin/Easttown School District
Upgrades at Hillside ES & Valley Forge MS
Contract $288,600  Completed 9/14
Schiller & Hersch Associates, Inc.
636 Skippack Pike, Suite 200
Blue Bell, PA 19422
Mort Isaacson
215-886-8947

Norristown State Hospital
Refurbish Steam Distribution System
Contract $34,600  Completed 8/14
PA Dept. of General Services
1 Tek Park Technology Campus
Breinigsville, PA 18031
Eric Povish
610-496-0495
Upper Darby Township
Police Building HVAC
Contract $147,500  Completed 6/14  Dave Resh
Gillian & Hartmann, Inc.  610-935-0101
140 Whitaker Avenue
Mont Clare, PA 19453

Philadelphia Water Department
Manayunk Sewer / Venice Island Recreation Center
Plumbing Contract $277,000  Completed 7/13  Jim Gaffear
HVAC Contract $1,996,000  Completed 8/14
Hazen & Sawyer
801 Market Street, Suite 1001
Philadelphia, PA 19107
215-380-2132

Northeast Water Pollution Control Plant – Bid No. 2897
Philadelphia Water Department
Plant Water System Rehabilitation  Tom Mott
Contract $208,420  215-340-1840
Stone Hill Contracting Co. Inc.
252 W. Swamp Road, Suite 19
Doylestown, PA 18901

County of Chester
Tactical Village Project
Contract $497,000  February 2014  Gary Campbell
Manns Woodward Studios  410-344-1460
10839-D Philadelphia Road
White Marsh, MD 21162

Cheyney University
Waste Water Treatment Plant Upgrades
PA Dept of General Services Bid No. 403-80.2  Bradley Pferdehirt
Contract $109,000  June 2013
Pennoni Associates  215-254-7878
One Drexel Plaza, 3001 Market Street, Suite 200
3001 Market Street, Suite 200
Philadelphia, PA 19104

DCCC - AJC Replacement Units-Data Center
Contract $236,750  May 2013
Tony Deluca
Delaware Co. Community College  610-359-5110
901 South Media Line Road
Media, PA 19063

East Goshen Township
Township Building HVAC System Replacement
Contract $409,900  January 2014  Paul Chiappardi
Alderson Engineering  215-475-2766
407 Lakeside Park
Southampton, PA 18966
March 22, 2022

Attachment #3

Commonwealth of Pennsylvania
Department of General Services
Bureau of Professional Selections and Administrative Services
18th & Herr Streets
Harrisburg, PA 17125

Reference: DGS C-1101-0053.2 Phase 1 HVAC Construction

Five Star, Inc. has not had any health or safety violations issued to us..

Phone: 610-719-6415 ~ Fax: 610-719-6416

general@fivestarmechanical.com
## OSHA's Form 300A (Rev. 04/2004)

**Summary of Work-Related Injuries and Illnesses**

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

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### Number of Cases

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th>(1) Injuries</th>
<th>(4) Poisonings</th>
<th>(2) Skin disorders</th>
<th>(5) Hearing loss</th>
<th>(3) Respiratory conditions</th>
<th>(6) All other illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

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**Establishment Information**

- **Your establishment name**: Five Star Inc.
- **Street**: 833 Lincoln Ave #8
- **City**: West Chester
- **State**: Pa
- **Zip**: 19380
- **Industry description**: Manufacture of motor truck trailers

**North American Industrial Classification (NAICS), if known (e.g., 336212)**

- [ ]

**Employment Information**

- **Annual average number of employees**: 34
- **Total hours worked by all employees last year**: 37,065

**Sign here**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

<table>
<thead>
<tr>
<th>Company executive</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
<td>[Title]</td>
</tr>
</tbody>
</table>

**Phone**: 60-79-6415

**Date**: 3/15/22

---

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.
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<table>
<thead>
<tr>
<th>Number of Cases</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
</tr>
<tr>
<td>Total number of cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with days away from work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with job transfer or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>restriction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recordable cases</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days</td>
<td>(K)</td>
<td>(L)</td>
</tr>
<tr>
<td>away from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of job transfer or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>restriction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of</td>
<td>(M)</td>
<td></td>
</tr>
<tr>
<td>(N)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Poisonings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Hearing loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### OSHA's Form 300 (Rev. 04/2004)

**Log of Work-Related Injuries and Illnesses**

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Please Record:
- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

Reminders:
- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete 5 steps for each case.

### Step 1. Identify the person

<table>
<thead>
<tr>
<th>Case no.</th>
<th>Employee's name</th>
<th>Job title</th>
<th>Date of injury or onset of illness (e.g., 7/10)</th>
<th>Where the event occurred (e.g., Loading dock north end)</th>
<th>Describe injury or illness, parts of body affected, and objects/surface that directly injured or made person Ill (e.g., Second degree burns on right forearm from acetylene torch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reset 1</td>
<td>William Garvin</td>
<td>Mechanic</td>
<td>8/22</td>
<td>Greenfield Elementary School</td>
<td>Hand was cut by factory cabinet edge</td>
</tr>
</tbody>
</table>

### Step 2. Describe the case

<table>
<thead>
<tr>
<th>Days away from work</th>
<th>Job transfer or restriction</th>
<th>Other recordable cases</th>
<th>Remained at Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
<td>(K)</td>
</tr>
<tr>
<td>62</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Step 3. Classify the case

**SELECT ONLY ONE** circle based on the most serious outcome

### Step 4. Enter the number of days the injured or ill worker was:

**Death**

<table>
<thead>
<tr>
<th>(G)</th>
<th>(H)</th>
<th>(I)</th>
<th>(J)</th>
<th>(K)</th>
<th>(L)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Step 5. Select one column:

<table>
<thead>
<tr>
<th>Illness</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Add a Form Page**

**Page totals:** 0 1 0 0 62 0

**Be sure to transfer these totals to the Summary page (Form 300A) before you post it.**
OSHA's Form 300A (Rev. 04/2004)

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<table>
<thead>
<tr>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
</tr>
<tr>
<td>X 62</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
</tr>
<tr>
<td>(h) Injuries</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
</tr>
</tbody>
</table>

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Establishment Information

Your establishment name: Five Star, Inc.
Street: 833 Lincoln Avenue, Unit 8
City: West Chester
State: PA
Zip: 19380
Industry description: Manufacture of motor trucks

Contracting
North American Industrial Classification (NAICS), if known (e.g., 336212):

Employment Information
Annual average number of employees: 49
Total hours worked by all employees last year: 36,372.00

Sign here: Meghan Sylvester
Title: Accounting Administrator

Company executive: Meghan Sylvester
Phone: 610-719-6415
Date: 03/04/2021

Reset
March 22, 2022

Attachment #4

Commonwealth of Pennsylvania
Department of General Services
Bureau of Professional Selections and Administrative Services
18th & Herr Streets
Harrisburg, PA 17125

Reference: DGS C-1101-0053 Phase 1 HVAC Construction

Five Star has not been issued any health or safety citations by federal or state agencies for any reason.
March 22, 2022

Attachment #5

Commonwealth of Pennsylvania
Department of General Services
Bureau of Professional Selections and Administrative Services
18th & Herr Streets
Harrisburg, PA 17125

Reference: DGS C-1101-0053 Phase 1 HVAC Construction

Five Star has nothing to disclose - all answers were negative.
APPENDIX G
DESIGNATED CRITICAL WORK
QUALIFICATIONS STATEMENT

COVER SHEET

DGS Project Name Lincoln University Vail Hall Building Renov. Lincoln University, Chester Springs, PA
DGS Project Number DGS C-1101-0053 PHASE 1

DESIGNATED CRITICAL WORK: For proper evaluation, the Proposer MUST submit at least one "Designated Critical Work Qualification Statement" for each Work item listed in T-1C for the respective contract. NOTE: The selected Proposer shall enter subcontracts with each listed subcontractor in T-1C.

Check One Work item for which this Qualification Statement is being submitted:

General Construction (.1 contract)
    ____Exterior Metal Restoration
    ____Masonry
    ____Slate Roofing
    ____Interior Millwork

HVAC Construction (.2 contract)
    ____Testing, Adjusting and Balancing
    ____Geothermal System
    ____Geothermal Wellfield

Plumbing Construction (.3 contract)
    ____NOT APPLICABLE

Electrical Construction (.4 contract)
    ____Audio Visual

Name of Firm Butler Balancing Co., Inc.
Address PO Box 72256 Thorndale, PA 19372
Principal Office 1657 Bondsville Road Downingtown, PA 19335
Owner or Authorized Representative Jeanette S Miller, President
SECTION 1 – FIRM INFORMATION

1.1 Background Information
a) How many years has the firm been in business? 31
b) How many years has the firm been doing business in proposed contract field? 31

Under what former names has the firm conducted business?
None


c) Identify all jurisdictions in which the firm is licensed or otherwise qualified to do business.
Delaware
Pennsylvania
New Jersey
Maryland


d) If the firm is a corporation, provide the following information:
Date of incorporation August 30, 1991
State of incorporation Pennsylvania
President’s name Jeanette S Miller
Vice President’s name(s) Donald Butler Jr., Paul Thomas, David Miller
Secretary’s name Melanie Thomas
Treasurer’s name Melanie Thomas


e) If the firm is a partnership, provide the following information:
Date of formation n/a
Type of partnership n/a
Names of partners


f) If the firm is individually owned, provide the following information:
Date of formation August 30, 1991
Name of owner Susan Butler 95%


g) If the form of the firm is other than those listed above, describe it and name the principals:
 n/a
SECTION 2 - EXPERIENCE AND PERFORMANCE

2.1 General
   a) Provide the annual construction volume in dollars completed by the firm in the past three years:
      Year 2021 $ 3.9 million
      Year 2020 $ 3.5 million
      Year 2019 $ 3.6 million
   b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100%.
   c) List the categories of work that the firm normally performs with its own forces on similar projects. 
      Air and water balancing, duct leakage testing, sound and vibration testing

2.2 Project Experience and References
Submit as Attachment 1 to this Qualifications Statement:
   a) Suggested number of Sheets/Pages:
      • 3 sheets/(6 pages)
      Three (3) detailed project descriptions for relevant projects similar in size and scope to the Contract Work. The project descriptions shall include, at a minimum, the following information presented in the order listed below:
      vii. Name of project, type of project and location
      viii. Description of the project and relevance of work to the Contract Work
      ix. Contact information for an owner representative familiar with the firm’s work performed on this project. Include name, address, telephone number(s) and e-mail address.
      x. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.
      xi. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.
      xii. As available, performance ratings of the work evaluated by owner or owner’s representative.

2.3 Contractor Safety Record
Submit as Attachment 2 to this Qualifications Statement the information specified herein and verify this information by providing copies of OSHA 300/200 Forms or appropriate documentation from insurance carriers, as applicable. The firm may submit written explanations to comment on or clarify its safety record.
   a) Provide the firm’s Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:
      Year 1: 2021-2022, Merit Rating of 1.00
b) Provide the firm's Total Lost Workday Incidence Rate (LWDIR) for the past three years, beginning with the most recent year available:

<table>
<thead>
<tr>
<th>Year</th>
<th>LWDIR Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-2021</td>
<td>0.00</td>
</tr>
<tr>
<td>2019-2020</td>
<td>0.00</td>
</tr>
<tr>
<td>2019-2021</td>
<td>0.00</td>
</tr>
</tbody>
</table>

*LWDIR Rate = Number of Lost Time Injuries & Illnesses x 200,000 ÷ Total Hours Worked

c) Provide the firm's Recordable Incidence Rate (RIR) for the past three years:

<table>
<thead>
<tr>
<th>Year</th>
<th>RIR Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-2021</td>
<td>0.00</td>
</tr>
<tr>
<td>2019-2020</td>
<td>0.00</td>
</tr>
<tr>
<td>2019-2021</td>
<td>0.00</td>
</tr>
</tbody>
</table>

*RIR Rate = Number of Injuries x 200,000 ÷ Total Hours Worked

d) Provide in an Attachment 3 to this Qualifications Statement a list of any health or safety citations issued by federal or state agencies for serious or willful violations issued in the past 3 years. Include a separate statement for any such violations and include the citation number, a brief description of the violation and the amount of penalty, if any, for each violation and current status of violation.

SECTION 3 - REQUIRED DISCLOSURES

The firm shall answer the following questions with regard to the past three (3) years. If any question is answered in the affirmative, the firm shall submit in an Attachment 5 to this Qualifications Statement, for each affirmative answer, a written explanation which shall provide details concerning the matter in question, including applicable dates, locations, names of projects/project owners and current status of any such matter.

3.1 Is the firm currently debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes ___ No √

3.2 Has the firm ever been debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes ___ No √

3.3 Is the firm currently or has the firm been otherwise prohibited from doing business with any federal, state or local government agency or private entity?

Yes ___ No √

3.4 Has the firm been denied prequalification (not including short listing), declared non-responsible, or otherwise declared ineligible to submit bids or proposals for work by any federal, state or local government agency or private entity?

Yes ___ No √
3.5 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?
   Yes     No ✓

3.6 Has the firm been assessed or required to pay liquidated damages in connection with work performed on any project?
   Yes     No ✓

3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?
   Yes     No ✓

3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?
   Yes     No ✓

3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?
   Yes     No ✓

3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?
   Yes     No ✓

*Note: information regarding health and safety violations is addressed in a previous section.

3.11 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?
   Yes     No ✓

3.12 Has the firm been the subject to any bankruptcy proceeding?
   Yes     No ✓

SECTION 4 - REQUIRED REPRESENTATIONS

In submitting this Qualifications Statement, along with the other representations and authorizations listed in the RFP, the firm also makes the following representations, which it understands are required as a condition of performing the Contract Work and receiving payment for same.

4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.

4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.

4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.

4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.

4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.
Largest Projects Completed in the past 5 years

**Maple Shade School District located Maple Shade, NJ**
Completion Year: 2021  
Subcontract Value: $120,900.00  
Reference Contact: Bob Rate with New Road Construction 856-424-8888

**Fairview Campus MS + HS located Townsend, DE**
Completion Year: 2021  
Subcontract Value: $140,000.00  
Reference Contact: Andrew Hickey with EDIS Company 800-995-3347

**75 Park Lane Residential located in Jersey City, NJ**
Completion Year: 2020  
Subcontract Value: $137,500.00  
Reference Contact: Tom Diamond with Worth & Company, Inc. 267-362-1100

**Boyertown HS located in Boyertown, PA**
Completion Year: 2018  
Subcontract Value: $170,000.00  
Reference Contact: Zach Zazo with D’HUY Engineering 610-865-3000

**SCI Prison located in Collegeville, PA**
Completion Year: 2018  
Subcontract Value: $233,250.00  
Reference Contact: Chad Weigmann with Weigmann Associates 636-940-1056
April 30, 2021

Butler Balancing Company, Inc.
P.O. Box 72256
Thorndale, PA 19372

Attention: Jeanie Miller

Re: Butler Balancing Company, Inc.
Workers' Compensation Policy
Policy #WKY-H256750

Dear Jeanie,

Butler Balancing Company, Inc., does not have an Experience Modification Rating (EMR) for the May 8, 2019 to May 8, 2020, May 8, 2020 to May 8, 2021 or May 8, 2021 to May 8, 2022 term because your three-year audited Workers’ Compensation premium is below the threshold to qualify for an EMR; therefore, you do not qualify for experience rating to be assigned an EMR and have NCCI Worksheets. Instead of having an EMR on the policy you have a Merit Rating of 1.00.

Also, Butler Balancing Company, Inc., does not have an Interstate Rating because you do not employ people who reside outside of the state of Pennsylvania.

If you have any questions, please contact our office.

Sincerely,

ENGELS INSURANCE, INC.

Gary H. Engels, CIC

GHE/lj

A member of the Premier Insurance Network, LLC
**Summary of Work-Related Injuries and Illnesses**

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<tr>
<th>Number of Cases</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0</td>
</tr>
<tr>
<td>Total number of cases with days away from work</td>
<td>0</td>
</tr>
<tr>
<td>Total number of cases with job transfer or restriction</td>
<td>0</td>
</tr>
<tr>
<td>Total number of other recordable cases</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days away from work</td>
<td>0</td>
</tr>
<tr>
<td>Total number of days of job transfer or restriction</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury and Illness Types</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
<td></td>
</tr>
<tr>
<td>(M)</td>
<td></td>
</tr>
<tr>
<td>(1) Injuries</td>
<td>0</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>0</td>
</tr>
<tr>
<td>(4) Poisonings</td>
<td>0</td>
</tr>
<tr>
<td>(5) Hearing loss</td>
<td>0</td>
</tr>
<tr>
<td>(6) All other illnesses</td>
<td>0</td>
</tr>
</tbody>
</table>

---

**Establishment Information**

- **Year establishment name**: Butler Balancing Co., Inc.
- **Street**: 1657 Bondsville Road
- **City**: Downingtown
- **State**: PA
- **Zip**: 19335
- **Industry description**: Manufacture of motor truck trailers
- **Testing, Adjusting and Balancing**
- **North American Industrial Classification (NAICS)**: 238220
- **Employment Information**
  - Annual average number of employees: 24
  - Total hours worked by all employees last year: 50941

**Sign Here**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

**President**

**Company Executive**: 
**Phone**: (410) 873-6905
**Date**: 3/1/2020

---

OSHA’s Form 300A (Rev. 04/2004)

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.
### OSHA's Form 300 (Rev. 04/2004)

**Log of Work-Related Injuries and Illnesses**

**Note:** You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

---

**Please Record:**
- Information about every work-related death and about every work-related injury or illness that involves (loss of consciousness), restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

**Reminders:**
- Complete an Injury and Illness Incident Report (OSHA Form 101) or equivalent form for each injury or illness recorded on this form. If you are unsure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

---

**Step 1. Identify the person**

<table>
<thead>
<tr>
<th>(A) Case no.</th>
<th>(B) Employee’s name</th>
<th>(C) Job title (e.g., Welder)</th>
</tr>
</thead>
</table>

**Step 2. Describe the case**

<table>
<thead>
<tr>
<th>(D) Date of injury or onset of illness (e.g., 2-10)</th>
<th>(E) Where the event occurred (e.g., Loading dock north end)</th>
<th>(F) Describe injury or illness, parts of body affected, and object/stance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)</th>
</tr>
</thead>
</table>

**Step 3. Classify the case**

Select ONLY ONE circle based on the most serious outcome:

<table>
<thead>
<tr>
<th>(A) Death</th>
<th>(B) Days away from work</th>
<th>(C) Job transfer or restriction</th>
<th>(D) Other recordable cases</th>
</tr>
</thead>
</table>

**Step 4. Enter the number of days the injured or ill worker was:**

<table>
<thead>
<tr>
<th>(M)</th>
<th>(K) Away from work</th>
<th>(L) On job transfer or restriction</th>
</tr>
</thead>
</table>

---

**Step 5.**

Select one column:

<table>
<thead>
<tr>
<th>Illness</th>
</tr>
</thead>
</table>

---

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: U.S. Department of Labor, OSHA, Office of Statistical Analysis, Room N4614, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

---

Add a Form Page

---

Page totals: 0 0 0 0 0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.
OSHA’s Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you’ve added the entries from every page of the Log. If you had no cases, write “0.” Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

**Number of Cases**

<table>
<thead>
<tr>
<th>Total number of cases</th>
<th>Total number of cases with days away from work</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

**Number of Days**

<table>
<thead>
<tr>
<th>Total number of days away from work</th>
<th>Total number of days of job transfer or restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Injury and Illness Types**

<table>
<thead>
<tr>
<th>Total number of . . .</th>
<th>(4) Poisonings</th>
<th>(5) Hearing loss</th>
<th>(6) All other illnesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Injuries</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(2) Skin disorders</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(3) Respiratory conditions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Establishment information**

Your establishment name: Butler Balancing Co., Inc.

Street: 1657 Bondsville Road
City: Downingtown, State PA ZIP 19335
Industry description (e.g., Manufacture of motor truck trailer): Testing, Adjusting & Balancing of HVAC/Mechanical Systems
Standard Industrial Classification (SIC), if known (e.g., 3715): __________
North American Industrial Classification (NAICS), if known (e.g., 336212): 238220

**Employment information**

Annual average number of employees: 25
Total hours worked by all employees last year: 52,000

**Sign here**

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Jeanette S. Miller President

Phone: 610-873-6905 Ext. 3 Date: 1-1-2021

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3444, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.
<table>
<thead>
<tr>
<th>Case no.</th>
<th>Employee’s name</th>
<th>Job title</th>
<th>Date of injury</th>
<th>Where the event occurred</th>
<th>Describe injury or illness</th>
<th>Remained at Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dave Fusco</td>
<td>Field Tech</td>
<td>06/01/2020</td>
<td>Roof</td>
<td>Laceration to Right Hand</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Dan Wood</td>
<td>Field Tech</td>
<td>12/11/2020</td>
<td>Roof</td>
<td>Eyes Exposed to UV Lighting</td>
<td></td>
</tr>
</tbody>
</table>

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.
OSHA’s Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you’ve added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA’s recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total number of cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with days away from work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with job transfer or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>restriction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>recordable cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Number of Days

<table>
<thead>
<tr>
<th></th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of days</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>away from work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of job transfer or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>restriction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Injury and Illness Types

<table>
<thead>
<tr>
<th></th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
<th>(j)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(M)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poisonings</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin disorders</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing loss</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory conditions</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other illnesses</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burdens for this collection of information is estimated to average 1.5 hours per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3614, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Year establishment name: Butler Balancing Co., Inc.
Street: 1657 Bondsville Road
City: Downingtown
State: PA
ZIP: 19335

Industry description: (e.g., Manufacture of motor trucks and trailers)
Testing, Adjusting & Balancing of HVAC/Mechanical Systems

Standard Industrial Classification (SIC), if known (e.g., 3715)

2 3 8 2 0

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

If you do not have these figures, see the Worksheet on the back of this page to estimate.

Annual average number of employees: 24
Total hours worked by all employees last year: 49,600

Sign here

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Jeanette S Miller, President

610-873-6905 Ext. 3
12-31-2021
### Butler Balancing Co., Inc.

**Downingtown, PA**

Daniel Wood

**TAB Technician**

11/08

**As he was using a fan, he felt something in the inner fan pulley to get the belt back on.**

As he was using part of his elbow click. 0

Employee pulling the motor closer to the fan pulley to get the belt back on. As he was using his right arm to left the motor up and towards the fan, he felt something in the inner part of his elbow click.

### Log of Work-Related Injuries and Illnesses

**Butler Balancing Co., Inc.**

**Downingtown, PA**

**1**     **1**

Daniel Wood

**TAB Technician**

**11/08**

**Working on a make up air unit in a ceiling, off 6’ ladder.**

**Employee pulling the motor closer to the fan pulley to get the belt back on. As he was using his right arm to left the motor up and towards the fan, he felt something in the inner part of his elbow click.**

---

**Employer:** Butler Balancing Co., Inc.  
**Employee:** Daniel Wood  
**Job Title:** TAB Technician  
**Date of Injury:** 11/08  
**City:** Downingtown  
**State:** PA  
**Establishment Name:** Butler Balancing Co., Inc.

**Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.**

---

**OSHA’s Form 300 (Rev. 01/2004)**

**Log of Work-Related Injuries and Illnesses**

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you’re not sure whether a case is recordable, call your local OSHA office for help.

**Identify the person**

**(A)** Case no.  
**(B)** Employee’s name  
**(C)** Job title (e.g., Welder)  

**Describe the case**

**(D)** Date of injury or onset of illness  
**(E)** Where the event occurred (e.g., Loading dock north end)  
**(F)** Describe injury or illness, parts of body affected, and object/ substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

**Classify the case**

**CHECK ONLY ONE box for each case based on the most serious outcome for that case:**

**Death**  
**(G)** Days away from work  
**(H)** Job transfer or restriction  
**(I)** Other recordable cases  

**Job transfer or restriction**  
**(K)** Days away from work  
**(L)** On job transfer or restriction  

**Other recordable cases**  

**Remained at work**  

**Injury**  

**Skin disorder**  
**Respiratory condition**  
**Poisoning**  
**Hearing loss**  
**All other**

**Check the “injury” column or choose one type of illness:**

**Employee’s name:** Daniel Wood  
**Job title:** TAB Technician  
**Date of injury:** 11/08  
**City:** Downingtown  
**State:** PA  

---

**Page totals**

0 0 0 1 0 0 1 0 0 0 0 0

**Be sure to transfer these totals to the Summary page (Form 300A) before you post it.**

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**Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.**

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**OSHA’s Form 300 (Rev. 01/2004)**

**Log of Work-Related Injuries and Illnesses**

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you’re not sure whether a case is recordable, call your local OSHA office for help.

**Identify the person**

**(A)** Case no.  
**(B)** Employee’s name  
**(C)** Job title (e.g., Welder)  

**Describe the case**

**(D)** Date of injury or onset of illness  
**(E)** Where the event occurred (e.g., Loading dock north end)  
**(F)** Describe injury or illness, parts of body affected, and object/ substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)

**Classify the case**

**CHECK ONLY ONE box for each case based on the most serious outcome for that case:**

**Death**  
**(G)** Days away from work  
**(H)** Job transfer or restriction  
**(I)** Other recordable cases  

**Job transfer or restriction**  
**(K)** Days away from work  
**(L)** On job transfer or restriction  

**Other recordable cases**  

**Remained at work**  

**Injury**  

**Skin disorder**  
**Respiratory condition**  
**Poisoning**  
**Hearing loss**  
**All other**

**Check the “injury” column or choose one type of illness:**

**Employee’s name:** Daniel Wood  
**Job title:** TAB Technician  
**Date of injury:** 11/08  
**City:** Downingtown  
**State:** PA  

---

**Page totals**

0 0 0 1 0 0 1 0 0 0 0 0

**Be sure to transfer these totals to the Summary page (Form 300A) before you post it.**

---

**Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.**
APPENDIX G
DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

COVER SHEET

DGS Project Name  LINCOLN UNIVERSITY Hall
DGS Project Number  C-1101-0053

DESIGNATED CRITICAL WORK: For proper evaluation, the Proposer MUST submit at least one “Designated Critical Work Qualification Statement” for each Work item listed in T-1C for the respective contract. NOTE: The selected Proposer shall enter subcontracts with each listed subcontractor in T-1C.

Check One Work item for which this Qualification Statement is being submitted:

General Construction (.1 contract)
   ___ Exterior Metal Restoration
   ___ Masonry
   ___ Slate Roofing
   ___ Interior Millwork

HVAC Construction (.2 contract)
   ___ Testing, Adjusting and Balancing
      ___ Geothermal System
   ___ Geothermal Wellfield

Plumbing Construction (.3 contract)
   ___ NOT APPLICABLE

Electrical Construction (.4 contract)
   ___ Audio Visual

Name of Firm  MORRISON GEOTHERMAL INC
Address  63 Gambier Corner Rd Duncannon PA 17020
Principal Office  SAMB
Owner or Authorized Representative  Michael Rash V.P.
SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? 33

b) How many years has the firm been doing business in proposed contract field? 27

Under what former names has the firm conducted business?

__________________________
__________________________
__________________________

__________________________

c) Identify all jurisdictions in which the firm is licensed or otherwise qualified to do business.

P A  N J  D F

M D  W V

d) If the firm is a corporation, provide the following information:

Date of incorporation  July 1989
State of incorporation  PA
President’s name  HARRY MORRISON JR
Vice President’s name(s)  MICHAEL RASH
Secretary’s name  BONNIE MORRISON
Treasurer’s name  BONNIE MORRISON

e) If the firm is a partnership, provide the following information:

Date of formation
Type of partnership
Names of partners

f) If the firm is individually owned, provide the following information:

Date of formation
Name of owner

g) If the form of the firm is other than those listed above, describe it and name the principals:
SECTION 2 - EXPERIENCE AND PERFORMANCE

2.1 General
   a) Provide the annual construction volume in dollars completed by the firm in the past three years:
      
      Year 2021 $1,442,324.00
      Year 2020 $1,601,246.00
      Year 2019 $427,587.00
   
   b) Identify the percentage of work on similar projects the firm typically performs with its own work force ______
   
   c) List the categories of work that the firm normally performs with its own forces on similar projects. DRILLING - GROUTING - MANIFOLDS - EXCAVATION

2.2 Project Experience and References
Submit as Attachment 1 to this Qualifications Statement:
   a) Suggested number of Sheets/Pages:
      - 3 sheets/(6 pages)
      
      Three (3) detailed project descriptions for relevant projects similar in size and scope to the Contract Work. The project descriptions shall include, at a minimum, the following information presented in the order listed below:
      
      vi. Name of project, type of project and location
      
      vii. Description of the project and relevance of work to the Contract Work
      
      viii. Contact information for an owner representative familiar with the firm's work performed on this project. Include name, address, telephone number(s) and e-mail address.
      
      ix. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.

      x. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.

      xi. As available, performance ratings of the work evaluated by owner or owner's representative.

2.3 Contractor Safety Record
Submit as Attachment 2 to this Qualifications Statement the information specified herein and verify this information by providing copies of OSHA 300/200 Forms or appropriate documentation from insurance carriers, as applicable. The firm may submit written explanations to comment on or clarify its safety record.
   a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:
      
      Year 1: 2021-23  86.2
      Year 2: 2021-22  85.1
Year 3: 2020-21 1825

b) Provide the firm's Total Lost Workday Incidence Rate (LWDIR) for the past three years, beginning with the most recent year available:

Year 1: 2019 0
Year 2: 2020 0
Year 3: 2021 0

*LWDIR Rate = Number of Lost Time Injuries & Illnesses x 200,000 ÷ Total Hours Worked

c) Provide the firm's Recordable Incidence Rate (RIR) for the past three years:

Year 1: 2019 0
Year 2: 2020 13.8
Year 3: 2021 6.4

*RIR Rate = Number of Injuries x 200,000 ÷ Total Hours Worked

d) Provide in an Attachment 3 to this Qualifications Statement a list of any health or safety citations issued by federal or state agencies for serious or willful violations issued in the past 3 years. Include a separate statement for any such violations and include the citation number, a brief description of the violation and the amount of penalty, if any, for each violation and current status of violation.

SECTION 3 - REQUIRED DISCLOSURES

The firm shall answer the following questions with regard to the past three (3) years. If any question is answered in the affirmative, the firm shall submit in an Attachment 5 to this Qualifications Statement, for each affirmative answer, a written explanation which shall provide details concerning the matter in question, including applicable dates, locations, names of projects/project owners and current status of any such matter.

3.1 Is the firm currently debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes No ✓

3.2 Has the firm ever been debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes No ✓

3.3 Is the firm currently or has the firm been otherwise prohibited from doing business with any federal, state or local government agency or private entity?

Yes No ✓

3.4 Has the firm been denied prequalification (not including short listing), declared non-responsible, or otherwise declared ineligible to submit bids or proposals for work by any federal, state or local government agency or private entity?

Yes No ✓

3.5 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?
3.6 Has the firm been assessed or required to pay liquidated damages in connection with work performed on any project?
   Yes ___ No ☑

3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?
   Yes ___ No ☑

3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?
   Yes ___ No ☑

3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?
   Yes ___ No ☑

3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?
   Yes ___ No ☑
   *Note: information regarding health and safety violations is addressed in a previous section.

3.11 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm’s business?
   Yes ___ No ☑

3.12 Has the firm been the subject to any bankruptcy proceeding?
   Yes ___ No ☑

SECTION 4 - REQUIRED REPRESENTATIONS

In submitting this Qualifications Statement, along with the other representations and authorizations listed in the RFP, the firm also makes the following representations, which it understands are required as a condition of performing the Contract Work and receiving payment for same.

4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth’s requirements for workers’ compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.
4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth’s prevailing wage law and Public Works Employment Verification Act.

4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.

4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.

4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.

4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.
VALLEY VIEW NURSING HOME
HOLLIDAYSBURG, PA
ARCHITECT - JOHN HAAS ASSOCIATES, ALTOONA, PA
CONTRACT AMOUNT - $224,570.00
DATE OF COMPLETION - 4/98

PA WATER AUTHORITY
2699 STAFFORD AVENUE
SCRANTON, PA 18505
ARCHITECT - PREMIUM BUILDERS - 570-408-1280
CONTRACT AMOUNT - $239,000.00
DATE OF COMPLETION - 5/14

NORTHELY ELEM SCHOOL
2801 CONCORD ROAD
ASTON, PA 19014
ARCHITECT - MYCO MECHANICAL - 267-382-0297
CONTRACT AMOUNT - $578,000.00
DATE OF COMPLETION - 5/14

CENTRAL COLUMBIA
4777 OLD BERWICK ROAD
BLOOMSBURG, PA 17815
ARCHITECT - BENSCH INC - 570-784-0805
CONTRACT AMOUNT - $1,000,000.00
DATE OF COMPLETION - 7/14

FORT DIX
STATE RTE 68
FORT DIX, NJ 08222
ARCHITECT - BORO CONSTRUCTION - 610-272-7400
CONTRACT AMOUNT - $335,000.00
DATE OF COMPLETION - 9/14

WESTMINSTER PLACE
150 PAULINE DRIVE
YORK, PA 17402
ARCHITECT - MASSARO BLDG CO - 717-741-0839
CONTRACT AMOUNT - $242,000.00
DATE OF COMPLETION - 8/15

LONGWOOD GARDENS
1001 LONGWOOD ROAD
KENNETT SQUARE, PA 19348
ARCHITECT - WORTH & CO - 267-362-1100
CONTRACT AMOUNT - $412,000.00
DATE OF COMPLETION - 10/15

FORT NECESSITY
1 FARMINGTON, PA 1 5437
ARCHITECT - WU ASSOCIATES - 856-857-1639
CONTRACT AMOUNT - $57,800.00
DATE OF COMPLETION - 12.15

ST MARY'S
227 ISABELLA ROAD
ELVERSON, PA 19520
ARCHITECT - DEKALB MECHANICAL - 610-756-5528
CONTRACT AMOUNT - $90,000.00
DATE OF COMPLETION - 12/15

STRATTON MEDICAL CENTER
113 HOLLAND AVENUE
ALBANY, NY 12203
ARCHITECT - IRON SWORD ENTERPRISES - 845-863-1788
CONTRACT AMOUNT - $149,200.00
DATE OF COMPLETION - 12/16
T 2-A
Project Management Team and Responsibilities

Five Star Inc Roles & Responsibilities

Joe Gaffney, Lead Project Manager:
Joe successfully managed and coordinated managed a $4.0 million boiler plant decentralization at Cheyney University. Joe was the PM for the three similar projects that Five Star completed for the Philadelphia School District. Please see attached resume for additional references and qualifications. Joe has more than 30 years of experience in public works and multi prime projects as a foreman up to a lead project manager. Please see attached resume for additional references and qualifications.

Kevin Burke, Contract/Project Manager:
Kevin has also successfully managed and coordinated some of the most unique projects for Five Star. He brings with him more than 30 years of experience in public works and multi prime projects. Please see attached resume for additional references and qualifications.

Tom Gaffney, Labor Supervisor:
Tom has been a key part of the organization with his ability to coordinate labor and subcontractors. He has more than 30 years of experience in public works and multi prime projects. Tom served as the on site project superintendent for the $7.7 million Coatesville 9-10 Center project for Five Star. Please see attached resume for additional references and qualifications.

Mary Ellen Strubilla, Project Coordinator:
Mary Ellen has been involved with Five Star public works and multi prime project management for the last seven years and more than 25 years working on DGS and public works projects. Please see attached resume for additional references and qualifications.

All subcontractors will be coordinated and managed by the above team, as detailed in the organizational chart shown in section T 1-B. Five Star will ensure only high quality experienced subcontractors will be involved with this project. Five Star prides itself on quality of workmanship, and the relationships it has built upon all of our past projects with our subcontractors and Owners.
ROBERT GAFFNEY

SUMMARY OF QUALIFICATIONS

- Project Management Experience
- Estimating Experience.
- Business Management Experience.
- Pipe Fitting Experience.

EXPERIENCE

04/02 to Present **Five Star, Inc.**
Owner
- Responsible for all company operations.
- Project Managing.
- Office Manager.
- Estimating

Eddystone, PA

06/01 to 03/02 **MidAtlantic Constructors**
- Estimating.
- Project Managing (15 million dollar project).

Lansdowne, PA

04/01 to 05/01 **EJ Meloney Mechanical Contractors**
- Pipe Fitting Foreman (City Hall Chilled Water Project $400,000).

1989 to 2001 **PHC**
- Responsible for all Company Operations for six million dollar business.
- Prepare Bids.
- Project Manager
- Pipe Fitter.
- Office Manager.

Edgmont, PA

02/89 to 04/89 **Henkels & McCoy**
- Pipe Fitter.

Blue Bell, PA

01/86 to 01/89 **EJ Meloney Mechanical Contractors**
- Pipe Fitting Foreman.

Lansdowne, PA

12/81 to 12/85 Steamfitters Apprentice Program
Various Mechanical Contractors.

EDUCATION

1976-1980 Cardinal O'Hara High School
- Penn State – Blue Print Reading; Penn State- Mechanical Estimating;
Penn State – Project Managing; Steamfitter Apprentice Program.

28 Foxbrook Drive, Thornton, PA 19373 (610) 399-3129
THOMAS W. GAFFNEY

SUMMARY OF QUALIFICATIONS

- Foreman
- Project Manager
- Superintendent for all field operations
- 25 years of pipe installations and mechanical systems
- Certified Welder
- Estimating Experience

EXPERIENCE

01/02 to Present Five Star, Inc. West Chester, PA
- Owner
- Secretary
- Responsible for all company operation
- Outside Superintendent, Sales
- Responsible for all field operations

01/95 to 01/02 PHC Company Edgemont, PA
- Estimating
- Project Managing
- Outside Superintendent
- PHC Company

01/91 to 01/95 Herman Goldner Philadelphia, PA
- Foreman for Herman Goldner for various commercial jobs

01/86 to 01/91
- Foreman for various contractors
- Industrial Work:
  1. Henkles and McCoy Bluebell, PA
  2. Nooter Bensalem, PA
  3. JJ White Philadelphia, PA

08/81 to 08/85 Steamfitters L.U. 420 Apprentice Program
- Various Mechanical Contractors

EDUCATION

1974 to 1978:
- Cardinal O'Hara High School, Springfield PA
- Penn State Mechanical Contractor Certificate
- Drexel University:
  1. Understanding Construction Drawings
  2. Contracts Spec I
  3. Estimating I
  4. Management Construction Field Services
  5. Value Engineering I
  6. Marketing Construction Services

934 Thorne Drive West Chester, PA 19382 (610) 842-0166
Mary Ellen Strubilla

Experience:

Five Star, Inc. – Commercial Mechanical Contractor, West Chester, PA
May 2013 – present

Project Coordinator/Bid Coordinator – commercial bid processing, review of project drawings and specifications for price requests, process awarded contracts from $50K to $5M, submittals, RFI’s, project buyout, subcontractor agreements, purchase orders, change orders, close out documents, certified payroll, MBE/WBE reporting, union dues, AIA Documents, payroll, accounts payable and receivable, tax filing.

TMI Commercial, Inc. – Plumbing/HVAC Commercial Contractor, Honey Brook, PA
February 2004 – May 2013

Project Coordinator/Office Manager – working directly with Architects/Engineers, School District personnel, Municipalities, PA DGS, suppliers and subcontractors regarding prime contracts, $50K to $1.5m, from initial start up, bids to contracts, contract bonds and insurance through submittals, application for payments, change orders, DGS forms, MBE/WBE reporting, RFI’s, certified payroll to close out bonds and manuals. Responsible for accounts receivable and payable, payroll for approximately 20 employees along with the filing of related Federal, State and local employee payroll taxes.

CH&E Construction, Inc. – General Contractor, Lancaster, PA
December 1998 to January 2004

Project Coordinator – contract administrator working directly with the Project Manager from bid stage to project completion including the following: prepare subcontract agreements and purchase orders, submittals to Architect for all phases of the specifications, create and track change orders for subcontractors and owners, code invoices by phase and job, maintain cost-to-complete per project, reconcile vendor discrepancies, create and maintain AIA formatted documents, prevailing wage certified payroll reporting, familiar with Affirmative Action agreements, Section 3 requirements, prepare maintenance manuals and close out information.

Carlino Development Group – Residential/Commercial Developer, Wyomissing, PA
June 1992 – November 1998

Purchasing Assistant – track new home construction, prepare and maintain budgets for all residential and commercial projects, code subcontractor invoices for general ledger, job and phase, identify budget variance, assist in all phases of purchasing from quote to contract, maintain residential option selections, developed budget spreadsheets for all projects to define costs.

Accounting Assistant – Responsible for general ledger preparation and processing to close out, start to finish of all payables for commercial and residential projects, processed checks, bank reconciliation, resolved vendor discrepancies, prepare bank vouchers, create and maintain spreadsheets based on job cost.

Kevin Burke

SUMMARY OF QUALIFICATIONS

- Project Management Experience
- Estimating Experience.
- Business Management Experience.
- Pipe Fitting Experience.
- Mechanical Equipment Service.

EXPERIENCE

2018 to Present Five Star, Inc. West Chester, PA

- Estimating.
- Project Manager.
- Office Manager.
- Prepare bids.

2006 to 2018 Allstates Mechanical

- Estimator/Project Manager.
- Pipe Fitter/Plumber.
- HV AC Equipment Service.
Five Star Inc  
Preliminary Work Plan and Schedule

Five Star acknowledges the stipulated 560 days completion for the project, and presents the following preliminary work plan and schedule based upon this timeframe.

The General Contractor for this project will be the lead contractor. This involves the preparation of a detailed critical path method schedule outlining all milestones and durations for each Prime. As Five Star is not able to produce a complete schedule at this time, we are able to provide milestones and durations for all of our specific work. This submission does not imply a final work schedule.

- The work plan will consist of receiving contracts and get the bonds, request the submittals for all the equipment for approval from Engineers, also secure all subcontractors and receive all submittals for approval.

- Develop a schedule and incorporate our HVAC schedule with the General Contractors schedule.

- After approval of the submittals, order equipment so it can be delivered in a timely manner to install and be maintain or even excellerate the schedule.

- Work with the General Contractor and other Prime Contractors in the installation of the equipment, piping, sheet metal, ATC, insulation and balancing to maintain the schedule, milestones and contact sequences.

- Five Star to schedule the testing and commissioning of the HVAC systems in a timely manner as to not delay the project in any way.

- The installation in the existing building will be of top priority, especially the Geothermal system. Five Star has install Geothermal systems in several other projects and have always been ahead of schedule on each project.
The following is a preliminary list of tasks and related necessary coordination

**Mobilization for Prime and Subcontractors**

- Initial on site presence coordinate with G/C and other Primes
- Development of Detailed CPM with other Prime contractors
- Submittals and Shop Drawings for Prime and Subcontractors
- Coordination Drawings (Need Structural and Ceiling Shop Drawings from G/C)

**Site Survey/Demolition Preparation for New Installation**

- Survey all existing conditions, cut and cap of any related services
- Demolition if required
- Layout and release of piping, sheetmetal

**Installation**

- Installation of sheetmetal
- Rough in of all service piping
- Equipment deliveries
- Rough in of control wiring and devices
- Tie in to equipment by sheetmetal
- Tie in to equipment by mechanical
- Insulation of piping and ductwork as required

**Final Completion**

- Final connections to equipment
- Testing and cleaning
- Final connections of controls Start up and testing
- Air and water testing and balancing
- Commissioning and training

**Closeout and Demobilization**

- Submittal of O&M and as built drawings
- Submittal of final tests and balance reports
- Final Inspections
Project Safety Plan

Attached is a table of contents of the current Five Star, Inc. safety plan. Five Star works closely with Donegal Mutual Insurance Company to ensure minimal exposure and a wide variety of training and orientation. In addition, Five Star conducts their own weekly tool box talks. We subscribe to a weekly publication that offers numerous topics, as well as anything specific you request. The talks are conducted by our Site Superintendent and are a mandatory meeting. Any employee caught in violation of the Five Star Safety Plan may be dismissed immediately.
Five Star Safety Program
Addendum #1
Addition of COVID-19 Procedures and Information
These Job Site Protocols are to be viewed as recommended best practices and are provided solely as suggested guidelines and resources for contractors’ reference concerning COVID-19. These Protocols are not to be relied upon to prevent the spread or transmission of COVID-19 on any specific job site or to prevent a safety violation from being issued by a jurisdictional authority. All contractors must continue to comply with all relevant rules and regulations concerning workplace safety and health. This is not legal advice.

Contractors should regularly evaluate their health and safety procedures, as well as the specific hazards at their job sites, consistent with the Centers for Disease Control and Prevention (CDC) recommendations to determine the appropriate job hazard analysis and safety procedures for the project/task as it relates to the spread and/or transmission of COVID-19. All contractors should incorporate COVID-19 transmission and prevention into all job hazard analyses (JHAs) and pre-task safety planning for all aspects of the work. In addition, all projects should require social distancing, hand washing on a regular basis, and no large group meetings.

These Protocols will be updated as we learn more about how to prevent and treat COVID-19.

SECTION 1: Worker Personal Responsibilities

1. Employees need to take steps to protect themselves. Refer to CDC guidelines on How to Protect Yourself.
2. It is critical that individuals NOT report to work while they are experiencing illness symptoms such as fever of 100.4 or higher (or local jurisdiction), cough, shortness of breath or difficulty breathing, dry cough, body aches, chills, or fatigue, or loss of sense of smell and/or taste. Refer to CDC guidelines on What To Do If You Are Sick.
   a. Workers should NOT return to work until at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); And,
   b. At least 7 days have passed since symptoms first appeared
3. Individuals should seek medical attention if they develop these symptoms. Refer to CDC guidelines on What To Do If You Are Sick.
4. An individual contractor may require, in order to return to work after experiencing any of these symptoms, personnel must produce a doctor’s note or a negative COVID-19 test result.
5. If you feel sick, uncomfortable, or unsafe, please stay home.

SECTION 2: Social Distancing

1. Work in occupied areas should be limited to only those tasks that are strictly necessary.
2. Limit physical contact with others. Direct employees to increase personal space (to at least 6 feet, where possible).
3. Limit in-person meetings and replace them with phone or online meetings.
4. Take breaks and lunch in shifts to reduce the size of the group in the lunch area at any one
Five Star Inc

Safety and Health Program
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Five Star Inc
Quality Assurance and Quality Control Plan

Five Star Inc utilizes two software programs for project management. All project documents are recorded and generated through Quantum Software. Attached are copies of example logs from a prior project. All RFI’s, Submittals, Transmittals, Change Order Proposals, and monthly payment applications are produced within this program. In addition to Quantum, Five Star Inc uses Quickbooks Enterprise Solutions for Contractors. This program contains all of our financial and contact information for Five Star, its subcontractors, and suppliers. All insurance and payment information is recorded in this program.

Five Star will work diligently with all Primes to develop an accurate and meaningful project schedule. All details will be addressed prior to start of work. Five Star will work to the best of their abilities to maintain good relationships with all Primes, as well as productive coordination.

Five Star is very familiar with DGS procedures and paperwork requirements. Five Star has allocated a period of time for this project specifically for closeout documentation and training. Five Star utilizes a professional videographer for all training sessions to ensure every step is recorded, and the Owner does not have to rely upon word of mouth explanations for any processes.

Five Star is also well equipped for Multi Prime coordination. Steps will be taken to share approved submittals, and track progress of installations. All available means will be used to coordinate accordingly. Daily and weekly meetings will take place within Five Star to ensure compliance with all aspects of the project.
# Submittal Log

**Project ID:** Eagleville ES - Methacton  
**Description:** Eagleville ES Mechanical  
**Status:** All

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Tuesday, May 4, 2021
## Submittal Log

**Project ID:** Eagleville ES - Methacton  
**Description:** Eagleville ES Mechanical

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Tuesday, May 4, 2021
### RFI Log

**Project ID:** SE Delco - Delcroft School  
**Description:** Delcroft School  
**Type:** All  
**Status:** All

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Five Star Inc is a union company. Five Star has affiliations with both the Local 420 Steamfitters, and the Local 690 Plumbers Union. These affiliations allow Five Star to pull from an expertly trained workforce from first period Apprentice through Foreman Journeymen. Five Star has the capability to pull manpower from this large pool of talented workers on a daily basis if needed. Five Star can man a job anywhere from 1 to 50 men on a day’s notice depending upon what is required.

**Skill Training**
Since Five Star is a union company, field workers come to the company already trained for their specialties. Each union has an impressive 5 year apprenticeship program that requires classes and testing prior to promotion, as well as re-certification for welders at any level of seniority.

Five Star also utilizes the Mechanical Contractors Association for continuing education for foreman, project management, and updated safety training. All employees are required to review and comply with Five Star’s no tolerance drug and alcohol policy, and are subject to spot testing as needed. Attached is a copy of the monthly report submitted which indicates whether there were any random tests performed.

**Workforce Safety**
Five Star’s Site Superintendent will oversee the compliance with all safety regulations for both the Five Star workforce as well as subcontractors. Daily walk throughs will verify compliance, and weekly tool box talks will be mandatory for employees and subcontractors.

Prior to commencing work all employees will be issued a copy of the Five Star safety handbook, which requires signed acknowledgement of receipt. They must also sign off on our selected panel of doctors for our Workers Compensation, and will be issued the following safety equipment:

- Hard Hat
- Safety Glasses
- Ear Protection
- HEPA Respirator
- Fall Arrest System
- Work Gloves
Each employee and subcontractor must abide by Five Star’s zero tolerance drug and alcohol policy. Anyone caught or suspected under the influence will be tested and immediately dismissed upon positive testing. All injuries require immediate testing for employees and subcontractors. All employees and subcontractors will receive a site orientation prior to beginning any work, and are encouraged to report any unsafe conditions to their supervisor immediately. Permits are required for all confined space entries, as well as hot work. These will be completed and filed prior to all related work.
Training Center
Journeymen Continuing Education. Apprentices for the Future!

Top News

*CLICK HERE FOR THE TRAINING CURRENT NEWS*

*CLICK HERE FOR THE TRAINING ARCHIVE*

PSM Online Refresher

M.E.S. Apprentice School Schedule Spring 2022

Upcoming PSM and OSHA Courses at the Steamfitters' Training Center

Medical Gas Certification Fees - Effective March 1, 2022
Training Center

No other organization serves the training needs of the piping industry like the United Association. For over a century, the UA has been training the most highly-qualified workers in the United States and Canada.

Over the past several decades, the United Association’s training programs have produced a stable, skilled workforce responsible for building and maintaining piping systems in the various industrial and residential facilities that make up the North American landscape.

No one can match the commitment or investment. The UA spends over $100 million annually on training programs efforts involving approximately 100,000 journeymen and apprentices in over 400 local training facilities at any given time.

If the United Association wanted to select the area which best reflects this commitment to the training and excellence produced, it could well look to state of Pennsylvania. Thanks in part to our relationship with the Mechanical Contractors Association, Steamfitters local 420 offers state of the art training year round.

We train apprentices and journeyworkers in many skills including: Pipe Fabrication, Pipe Welding, Orbital Tube Welding, Medical Gas Systems, Process Safety Management, Instrumentation /Calibration, Heating/Air Conditioning/Refrigeration, Rigging, Pipe Drafting, OSHA Safety, Computer Aided Drafting, Computerized Pipe Design in 3D, Primavera (Computer Software) Planning and Scheduling, and more.

In addition to our five-year apprenticeship programs, we offer continuing education opportunity that includes journeymen training and certification, as well as associate degree...
programs.

Click Here to watch a short video on Local Union 420 Steamfitters' Training Center.

Training Notices

**August 2022 Apprenticeship Applications**
Fri, Oct 29, to Fri, Apr 29, 2022

Please click on the headline above for more information on applying to the Steamfitter and Mechanical Equipment Service apprenticeships.

Members of Local 420 are career-oriented individuals, proud of their heritage, their superior training and the opportunities offered in their field.

Local 420 contributes to future employment opportunities and supporting efforts to revitalize Philadelphia in order to attract new businesses and new employment opportunities for all residents of this metropolitan area.

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Training Center
Journeymen Continuing Education. Apprentices for the Future!

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- February 2022 Apprenticeship Applications
- Local 420 Training Directors and Women In Construction
- PSM Online Refresher
- Upcoming PSM and OSHA Courses at the Steamfitters' Training Center
- JAT 2019-2020 Semester- Course Completion Journeymen List
History
A History of Steamfitters Local 420.

UA History

The United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada, the parent Union of Local #1 in New York, has a long and proud history that goes back more than 100 years.

Before and during the Civil War, plumbers and pipefitters were organized in many major cities of the United States. The first strong, long-lasting local Unions were established in the boom construction decade, 1879-1889, when United States population growth accelerated.

Journeymen in the pipe trades in the 1880s worked in three basic crafts: plumbers, steamfitters and gasfitters.

The first truly successful national body, the United Association of Journeymen Plumbers, Gas Fitters, Steam Fitters, and Steam Fitters' Helpers of the United States and Canada, was officially founded on October 11, 1889.

Gradually, former members of rival Unions joined the United Association. The depression of 1893-1897 slowed the development of a stronger organization. Membership in the United Association grew to 6,700 in 1893, but fell to 4,400 by 1897. Yet, by that year 151 local Unions were listed on its rolls.

Starting in 1898, the construction industry entered a period of expansion and prosperity that lasted until 1914. From 1898 to 1906 the United Association quadrupled its membership.

During its first years, the United Association was essentially a federation of local Unions, rather than a truly national Union of the pipe trades. The major breakthrough toward a unified national organization came at the 1902 national convention in Omaha, when delegates approved a
Nationalization Committee proposal establishing a comprehensive system of sick, death and strike benefits.

As such reforms to strengthen the national organization were being made in the early part of the century, however, some locals broke ranks to form a rival Union. In August 1906, members of the secessionist Union realized the futility of further rivalry and agreed to affiliate with the United Association.

From 1898 to 1914, the United Association went through several phases of a struggle with the International Association of Steam and Hot Water Fitters and Helpers, a prolonged and sometimes bitter dispute both over jurisdiction over a craft (steamfitting) and work assignments (plumbers vs. steamfitters). The conflict affected other building trades when walkouts by the rival steamfitting organizations, as a result of their jurisdictional dispute, led to work stoppages by other crafts.

The strength of the United Association, and favorable rulings by the American Federation of Labor, including the revocation of the International Association’s charter in 1912, ended this jurisdictional battle, but other jurisdictional issues would continue to challenge the Union.

New disputes arose over the construction of chemical plants and other manufacturing and service establishments that required extensive piping systems. Large volumes of newer types of pipefitting United Association retained jurisdiction over important, growing areas of work like construction of industrial plants, public utilities, petroleum facilities and residential buildings.

In the first half of the century, the United Association moved to formalize apprenticeship training programs, including making a five-year apprenticeship mandatory in 1921, and in 1938 holding that all apprentices be members of the United Association and attend related training classes. Its National Plumbing Apprenticeship Plan of 1936 was the first set of standards governing apprenticeship to win approval of the federal government.

In the Depression, United Association membership fell from its 1929 peak of 60,000 to 26,000 by 1933.

After several constitutional changes through the years, the 1946 convention changed the name of the organization to its present name: The United Association of Journeymen and Apprentices of the Plumbing and Pipe Fitting Industry of the United States and Canada.

Throughout World War II and after, the United Association made considerable gains in membership and prestige. Between 1940 and 1954 membership surged from 60,000 to 240,000 with veterans entering the skilled craftsmen field.

United Association member George Meany was elected in 1952 to be president of the newly formed AFL-CIO and was to provide a shaping force in the American labor movement until his death in 1980.

The New Frontier of President John F. Kennedy and Great Society of President Lyndon Johnson were movements supported by the United Association. With expanded training programs beginning in 1956, the UA was able to meet the demands of accelerated construction activity in the 1960s. With the increased work, the slogan, "There is no substitute for UA skilled craftsmen" became widespread.
throughout the industry. By 1971 the UA was 320,000 strong.

General President William P. Hite now leads the United Association forward into the 21st century.

Members of Local 420 are career-oriented individuals, proud of their heritage, their superior training and the opportunities offered in their field.

Local 420 contributes to future employment opportunities and supporting efforts to revitalize Philadelphia in order to attract new businesses and new employment opportunities for all residents of this metropolitan area.