



## **Master Mechanical Corporation**

3 Banks Avenue • McAdoo, PA 18237  
570-929-3609 Phone 570-929-2638 Fax

Email: [estimating@mastermechcorp.com](mailto:estimating@mastermechcorp.com)

### **Technical Submittal Cover Page**

Renovation of Safety Rest Areas 47 & 48  
Project No. DGS 251-45 & 251-46 Phase 1

HVAC Construction

Company Name: Master Mechanical Corporation  
Company Mailing Address: 3 Banks Avenue, McAdoo, PA 18237  
Contact Person: Amanda Ackerman  
Contact Phone/Email: 570-929-3609  
[estimating@mastermechcorp.com](mailto:estimating@mastermechcorp.com)

## History

Locally owned and operated Master Mechanical Corporation was established in 1979. Master Mechanical Corp. continues to provide quality HVAC workmanship to Commercial, Industrial and Government agencies throughout the tri-state area. President/Owner Donald Betterly purchased the company in 1992 and in 2007 built a new state-of-the-art sheet metal shop in the McAdoo Industrial Park, designed specifically for domestic ductwork fabrication. Joining with the Northeastern Pennsylvania Sheet Metal Local Union No. 44, Master Mechanical Corp has been able to acquire and maintain skilled tradesman throughout the state of Pennsylvania. In 2011, Master Mechanical Corp. introduced a Pipefitting division, increasing the productivity of the company and HVAC projects.

## Mission Statement

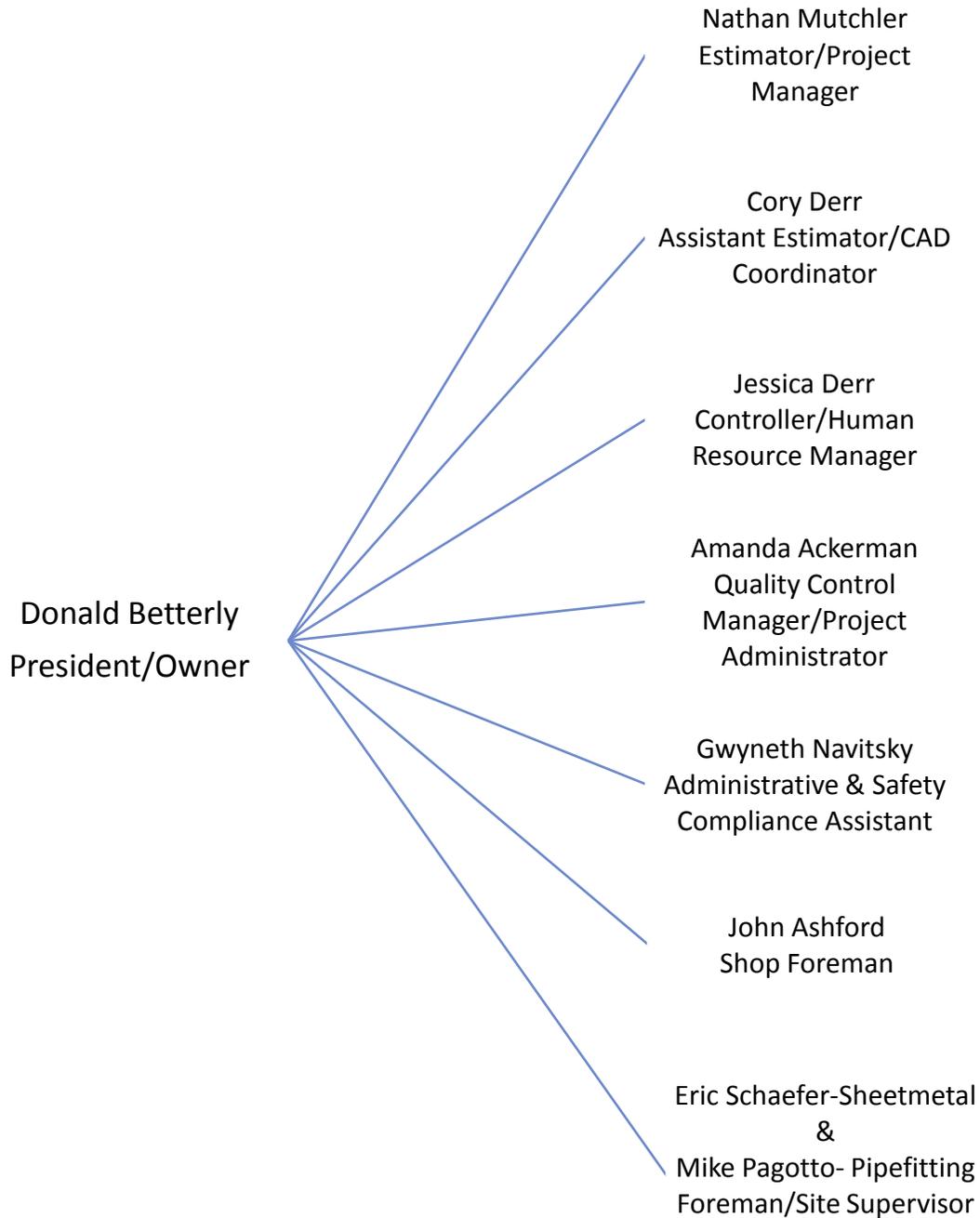
Master Mechanical Corp. remains focused on providing quality workmanship, honesty, integrity and the utmost professional environment for each job site. Our commitment to improve all services offered and the ensuring the best interests of our clients are always met through superior engineering.

## Adeptness & Proficiency in the Workforce

Master Mechanical Corp offers decades of experience from each of its fabricators and installers. From sheet metal, piping installation, in-house metal fabrication with excellent communication between site foremen and project managers Master Mechanical strives to reduce conflicts with scheduling to ensure that productivity is not affected by trade stacking. At Master Mechanicals main office is advanced and highly developed staff and AutoCAD software capable of increasing productivity, improving the quality of design and improving communication through documentation.

# T-1A: Introduction to Project Team

## Key Personnel



## **Project Team Personnel & Roles/Responsibilities**

### **Donald Betterly, President/Owner**

Donald Betterly has been in the mechanical industry since 1989, developing a strong working relationship with vendors, subcontractors and fellow prime contractors. As President and Owner of the company, Don will often consult on HVAC system and equipment design for a wide range of projects, and work with other engineers, project managers, and construction professionals as needed to create and/or modify design parameters. In addition to day to day operations, Don analyzes HVAC systems and equipment when necessary to find inefficiencies or malfunctions and create solutions to optimize performance and increase the efficiency of operation. Communicating directly with customers to understand project requirements, goals, design specifications, and operational environments in order to evaluate cost, feasibility, and implementation of new HVAC equipment. Create and submit detailed bids that outline costs and timelines for construction or extraction projects in accordance with deadlines and serve as project leader to coordinate efforts of managers, engineers, drafters, and manufacturing personnel during all project phases.

### **Nathan Mutchler, Pipefitting Division Project Manager**

Nathan Mutchler is responsible for assigning daily work tickets and coordinating crews based on job location, duration, and workforce skill set. Communicating with site foreman, Estimators, and Sales Representatives to understand job scope, timing, and goals to relay to field crews. Coordinate equipment requirements for all jobs (Man lifts, fork trucks, welders, trailers, etc.) always forecasting the workload and collaborating with other contractors/subcontractors to keep all employees scheduled working with efficiency.

### **Cory Derr- Assistant Estimator/CAD Coordinator**

As an assistant HVAC estimator, Corey negotiates and purchases materials from suppliers, process and maintain purchase orders, process verbal or written job scope from technicians and prepare estimate. Constructs take offs bids and estimates of assigned projects, coordinates support activities, and maintains relationships with all parties involved in projects. In addition, Corey will analyze, compare, and interpret detailed but sometimes poorly defined information and is able to make sound and accurate judgments based on this information to assist in preparation of change orders in

close coordination with project management. AutoCAD is the primary way in which Corey will develop plans, drawings and sketches. Using AutoCAD software, Corey will prepare a visual depiction of a product to be constructed.

### **Jessica Derr- Controller/Human Resource Manager**

Jessica is responsible for all areas pertaining to general ledger maintenance, including sub- ledgers (inventory, A/R, A/P, AIA billing etc.), banking, and non-personnel insurances. Jessica is responsible for developing, maintaining, and carrying out accounting procedures and processes to ensure timely and accurate financial statements and in compliance with generally accepted accounting principles, corporate policies and external audits. Jessica ensures that all accounting activities including, but not limited to; general ledger entries, inventory, standard costing, variance analysis, reconciliations, accounts payable, collections, month-end close, and year-end audits are performed timely and accurately.

### **Amanda Ackerman- Quality Control Manager/Project Administrator**

Acting in an office management capacity, project administrators perform tasks necessary to keep a project running smoothly, such as records keeping, resource coordination, scheduling, and ensuring compliance with government and safety regulations. In a project that requires subcontractors, vendor assessment and contract negotiation may fall under the duties of a project administrator. As well as assisting the Project Manager with all aspects of each project including RFI's, submittals, subcontracts and change orders

### **Gwyneth Navitsky- Administrative & Safety Compliance Assistant**

Gwyneth's role as Safety administrator requires keeping account of current occupational legislation and requirements to bring the workplaces into compliance. Coordinating with the Safety Committee, Gwyneth assists with safety related documents and training. Coordination of deliverables, for providing the proper safety materials to jobsites including but not limited to PPE, Safety Data Sheets, first aid materials, and ensuring jobsite weekly toolbox talks.

## **Experience with Multiple Prime Contractor Projects & Public Works (DGS) Projects**

Master Mechanical Corp has successfully completed many projects with multiple prime contractors through coordination and communication. We have also successfully completed many Public Works (DGS) projects. Projects include but are not limited to the following:

- Jacobsburg Environmental Center (DGS 186-25)
- Lewisburg Readiness Center (DGS 962-28 Phase 1)
- Chapel Air Conditioning Building 15 DGS Annex (DGS A925-9)
- Thaddeus Stevens College- (C-0417-0044)
- Selinsgrove Center (DGS C-0553-0034)
- PennDOT Rest Area #41 (DGS A251-1091.2)

## **Experience with HVAC Controls and Ductwork**

Nearly every project that Master Mechanical Corp incorporates in some capacity HVAC Controls and Ductwork. We have excellent relationships with various building automation subcontractors that we continue to develop.

We fabricate all of our own rectangular ductwork in-house, using state-of-the-art automated machinery and tools, and have excellent working relationships with multiple vendors for our materials, and spiral and round ductwork.

## **Experience with Testing and Balancing Contractors**

Master Mechanical has successfully completed multiple projects where we had to coordinate and work with testing and balancing contractors. We work with them from the beginning of the project, to ensure that they understand the equipment that will be installed, and the project's schedule and deadlines. We work together with them and the Commissioning Agent/Architects/Engineers to review their balancing reports and ensure that each project is completed successfully.

## **Experience with Commissioning Agents**

Master Mechanical has successfully completed multiple projects where we had to coordinate and work with commissioning agents. We have recently completed a project for the United States Postal Service in Jersey City, NJ, replacing forty-three air handler units, where we worked closely with the commissioning agent to successfully complete this large-scale project. Another project near completion that we have been working with Commissioning Agents is the Thaddeus Stevens New Technology Center.

## T-1B Prime Contractor Qualification

See Attached Appendix E and attachments

APPENDIX E

PRIME CONTRACTOR  
QUALIFICATION STATEMENT

**APPENDIX E**  
**PRIME CONTRACTOR**  
**QUALIFICATION STATEMENT**

**COVER SHEET**

DGS Project Name I-81 Safety Rest Areas

DGS Project Number DGS 251-45/251-46 P1

Check One:

Corporation,

Partnership,

Individual,

Joint Venture,

Other \_\_\_\_\_

Name of Firm Master Mechanical Corp.

Address 3 Banks Avenue, McAdoo, PA 18237

Principal Office 3 Banks Avenue, McAdoo, PA 18237

Owner or Authorized Representative Donald Betterly

**SECTION 1 – INFORMATION ON FIRM**

1.1 Background Information

a) How many years has the firm been in business? 39

b) How many years has the firm been doing business in proposed contract field? 39

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 November 1979

State of incorporation Pennsylvania

President's name Donald Betterly

Vice President's name(s) \_\_\_\_\_

Secretary's name Cindy Betterly

Treasurer's name \_\_\_\_\_

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 2018 \$ 6,311,222
- Year 2017 \$ 14,170,228
- Year 2016 \$ 3,681,690
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 80%
- c) List the categories of work that the firm normally performs with its own forces on similar projects. Fabrication and installation of duct work and purchase and installation of HVAC equipment, hydronic and plumbing piping systems and components.

### 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:	<u>2019</u>	<u>1.15</u>
Year 2:	<u>2018</u>	<u>1.434</u>

Year 3:      2017      1.279

- 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:      2018      0

Year 2:      2017      0

Year 3:      2016      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:      2018      0

Year 2:      2017      0

Year 3:      2016      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?

Yes \_\_\_ No X

- 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.



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## Attachment 1

Master Mechanical Corp. is registered with the State of Pennsylvania, Department of General Services as a Certified "Small Business".

Master Mechanical Corp. is registered with the State of New Jersey, Department of Treasury as a Master HVACR Contractor.



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### **T-1B Appendix E Attachment #2**

#### **Rest Area #41 (DGS A251-1091.2)**

Monroe County, PA

Roadside Rest Area #41

Building Number #0054R411

I-80 EB 1.0 Miles East of I-380 on mile marker 285

Tannersville, Monroe County, Pennsylvania

#### **Scope of Work:**

Remove existing HVAC equipment, ductwork and associated piping. Replace with new equipment, ductwork, insulation and automated controls system. Coordinate with Electrical and Testing, Adjusting & Balancing subcontractors, as well as the General Contractor to ensure that the project was completed successfully.

#### **Contact:**

John A. Kieffer, Facilities Administrator

Welcome Centers, Roadside Rests and Driver's License Centers (East)

PA Department of Transportation

Bureau of Office Services | Facility Management Division | 5<sup>th</sup> Floor

P.O. Box 3451 | 400 North Street

Harrisburg, PA 17105-3451

717-783-8913 Office | 717-787-0462 Fax

Email: [jkieffer@pa.gov](mailto:jkieffer@pa.gov)

**Original Bid Price:** \$ 78,625.00

**Final Contract Price:** \$ 88,858.72

**Original Completion Date:** 8/17/17

**Actual Completion Date:** 9/26/17

**Note:** Project extended due to PP&L Utilities not completing work on time.

**Performance Rating:** N/A



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### T-1B Appendix E Attachment #2

#### **Thaddeus Stevens College, New Technology Center (DGS 417-44 Ph 1)**

599 Chesapeake Street  
Lancaster, PA 17602  
Lancaster County

#### **Scope of Work:**

This project was new construction of 2 adjacent buildings (North & South) on the campus. Our work included providing and installing all new HVAC equipment in addition to Vocational shop equipment such as Dust Collectors and weld fume exhaust equipment, piping and ductwork, Building Automation, Air Balancing, Insulation, Water Treatment, coordinating with multiple other primes, DGS representatives, the project's Architect and Commissioning Agents.

#### **Contact:**

James D. Arcuri, Jr., Regional Director  
Department of General Services  
Bureau of Capital Projects - Construction | South Central Region  
3<sup>rd</sup> Floor Arsenal Building, Room 321  
18<sup>th</sup> and Herr Streets  
Harrisburg, Pennsylvania 17103  
(717) 603-2281  
Email: [jarcuri@pa.gov](mailto:jarcuri@pa.gov)

**Original Bid Price:** \$ 2,256.976

**Final Contract Price:** \$ 2,673,326.50

**Original Completion Date:** 10/24/18

**Actual Completion Date:** 12/31/18

**Performance Rating:** N/A



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### **T-1B Appendix E Attachment #2**

#### **Delaware Valley School District; HS Gymnasium Addition**

236 Rt. 6 & 209  
Milford, PA 18337  
Pike County

#### **Scope of Work:**

This project consisted of demolition of existing and addition of a new gymnasium at the High School. Our work included site work/excavation and layout of underground piping, complete new HVAC equipment, ductwork and piping systems, insulation, integration of new equipment into the existing Facility Management Controls system, balancing of the entire system and cleaning for final inspection. We coordinated with all the construction manager, multiple other primes, the project's architect and our subcontractors to successfully complete this multi-phase project.

#### **Contact:**

Bill Hessling, Business Administrator  
Delaware Valley School District  
236 Rt 6 & 209  
Milford, PA 18337  
570-296-1800 Office  
Email: [bhessling@dvsd.org](mailto:bhessling@dvsd.org)

**Original Bid Price:** \$ 801,338

**Final Contract Price:** \$ 801,338

**Original Completion Date:** 9/23/16

**Actual Completion Date:** 9/23/16

**Performance Rating:** N/A



INSURANCE SPECIALISTS  
www.hartmangroup1.com

June 27, 2019

**RE: Master Mechanical Corp.**

Dear Sirs:

Please be advised that we act as bonding and insurance agent for the above-captioned contractor and have done so since early. The surety bond program for Master Mechanical Corp is placed with Hudson Insurance Company which is a New York based surety company with an AM Best Rating of A (Excellent). The current bonding program for Master Mechanical Corp consists of \$10,000,000 single job/\$15,000,000 work program. Please note that these are merely parameters and Hudson would positively review any request outside there guidelines.

Additionally, the Experience Modification Factor under the workers compensation for Master Mechanical over the last three years is as follows:

- 2019 – 1.15
- 2018 – 1.434
- 2017 – 1.279

Please be advised that the workers compensation loss experience at Master Mechanical Corp has been excellent over the last 10 years with only 2 claims of any size. The 2<sup>nd</sup> claim occurred in 2015 year and the Master Mechanical mod will drop below 1.0 for 2020 since the 2015 year will be dropped from the PCRB rating. Based on current losses, we are projecting a 2020 Experience Mod of .820. The one claim we still have in the State calculation was a “not at fault” accident from 10/19/15 when our worker tripped over unburied rebar left by the GC in error and dislocated his shoulder. Had the rebar been properly buried like all the other rebar, this claim never would have occurred. The employee has brought legal action against the GC and we expect full subrogation for the claim payments as part of the suit settlement. Below please find the actual Cincinnati Insurance Company Workers Comp Loss Run.

Insured: MASTER MECHANICAL CORPORATION										Agency: 37054 - THE HARTMAN AGENCY, INC.				
Valid Through Date: 09-11-18					Next Month-End Closing Date: 09-28-18					Last Month-End Closing Date: 08-31-18				
Sorted by Date of Loss														
Loc	Policy	Policy Effect	Named Insured	Qc #	Cat	Loss Date	Loss Description	Loss Type	Claimant/Payee	Paid	Salv/Subr	Expense	End Rsv or Month Closed	Incurred
	EW0467033	01-01-18	MASTER MECHANICAL				NO LOSSES							
	WC2121238	01-01-17	MASTER MECHANICAL				NO LOSSES							
	EW0309708	01-01-16	MASTER MECHANICAL	1		06-21-16	LIFTING	WC MED	SAMUEL SALVO	213	0	48	08/16	262
<i>Total for Loss Date 06-21-16</i>										213	0	48	0	262
<i>Total for Policy Effective Date 01-01-16</i>										213	0	48	0	262 <b>16</b>



INSURANCE SPECIALISTS

[www.hartmangroup1.com](http://www.hartmangroup1.com)

Please note that MMC has had NO Workers Comp claims in the 2016 (\$262), 2017 or 2018 policy years. We have had NO claims in 2019. They have a safety program and Master Mechanical Corp is very safety oriented they have had numerous employees attend our annual OSHA ten hour safety course.

We wanted you to have this information as it's very important to understand that the current MMC mod is artificially inflated by the not at fault claim and the mod will be adjusted once subrogation by the injured worker is complete. Frankly, the loss history at MMC is extraordinary. We had over \$7MM in field payroll over the last 3 years and we essentially have been CLAIM FREE.

In closing, we highly recommend Master Mechanical Corp to you from both a bonding and insurance perspective. Please do not hesitate to contact me should you have any questions at all concerning this account.

Sincerely,

Michael P. Gaetano  
President

# 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.

Year 20 18



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

**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 the 5 steps for each case.

Establishment name Master Mechanical Corp.

City McAdoo State PA

Step 1. Identify the person		Step 2. Describe the case		Step 3. Classify the case				Step 4.		Step 5.						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(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)				Enter the number of days the injured or ill worker was:		Select one column:					
				Remained at Work				Away from work	On job transfer or restriction	Illness						
				Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses	
				(G)	(H)	(I)	(J)			(1)	(2)	(3)	(4)	(5)	(6)	
Reset			/													
Reset			/													
Reset			/													
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Page totals ▶

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

Add a Form Page

Page 1 of 1

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

# Summary 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](#).

Year 20 18



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of . . . (M)	
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing loss	0
(6) All other illnesses	0

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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name Master Mechanical Corp.  
 Street 3 Banks Avenue  
 City McAdoo State PA Zip 18237

Industry description (e.g., *Manufacture of motor truck trailers*)  
HVAC Contractor  
 North American Industrial Classification (NAICS), if known (e.g., 336212)

### Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 18  
 Total hours worked by all employees last year 20322

### 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.

[Signature]  
 Company executive Title PRESIDENT  
 Phone 570-929-3609 Date 1/28/19

Save Input

# 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.

Year 20 17



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name Master Mechanical Corp

City McAdoo State PA

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		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Select the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(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)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:						(M)					
						Remained at Work				Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
						(G)	(H)	(I)	(J)	_____ days	_____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals ▶

Page 1 of 1

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

# Summary 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.

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			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

N/A

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

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 50 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, N.W., Washington, DC 20210. Do not send the completed forms to this office.

**Establishment information**

Your establishment name Master Mechanical Corp

Street 3 Banks Avenue

City McAdoo State PA Zip 18237

Industry description (e.g., *Manufacture of motor truck trailers*)  
Mechanical Contractor

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

OR \_\_\_\_\_

North American Industrial Classification (NAICS), if known (e.g., 336212)  
238220

**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 18

Total hours worked by all employees last year 25,403

**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.

[Signature] Title PRESIDENT

Company executive

Phone 570-929-3609 Date 18/27/17

Save Input

# 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.

**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.

Year 20 / 6



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name: Master Mechanical Corp  
City: Mt. Airy State: PA

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(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 tank)	Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case				Away from work (K)	On Job transfer or restriction (L)	(M) Check the "Injury" column or choose one type of illness:					
						Remained at Work						Injury	Skin disorder	Respiratory condition	Poisoning	Fracture/dis	All other illnesses
						(G) Death	(H) Days-away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Days	(L) Days	(1)	(2)	(3)	(4)	(5)	(6)
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			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			month/day			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

# Summary of Work-Related Injuries and Illnesses

Year 20 16



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0076

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

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G) _____	(H) _____	(I) _____	(J) _____

N/A

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K) _____	(L) _____

### Injury and Illness Types

Total number of ... (M)	
(1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) Hearing loss _____
(3) Respiratory conditions _____	(6) All other illnesses _____

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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name Master Mechanical Corp  
 Street 3 Banks Ave  
 City McAdoo State PA ZIP 18287

Industry description (e.g., *Manufacture of motor trucks trailers*) \_\_\_\_\_

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

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
238220

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 25  
 Total hours worked by all employees last year 41,000

**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.

[Signature] President  
 DATE 3 16 2017  
 PHONE 570 927-3609 OMB 1218-0076



## Master Mechanical Corporation

3 Banks Avenue • McAdoo, PA 18237

570-929-3609 Phone | 570-929-2638 Fax

Email: [estimating@mastermechcorp.com](mailto:estimating@mastermechcorp.com)

### Attachment 4

N/A



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### Attachment 5

N/A

T-1C Designated Critical Work

See Attached Appendix F and attachments

## APPENDIX F

# DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

**APPENDIX F  
DESIGNATED CRITICAL WORK  
QUALIFICATIONS STATEMENT**

**COVER SHEET**

DGS Project Name Renovation of Safety Rest Areas 47 & 48

DGS Project Number DGS 251-45/251-46 P1

**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 Contractor (.1 Contract)**

- Windows & Glazing
- Hazardous Material/ Asbestos Removal
- Masonry
- Paving & Marking

**HVAC Contractor (.2 Contract)**

- Testing, Adjusting and Balancing
- Ductwork

**Plumbing Contractor (.3 Contract)**

- Well Water Pumps/Water Treatment System
- Solar Collectors for Hot Water

**Electrical Contractor (.4 Contract)**

- Fire Alarm
- Security Cameras
- Control/Signaling
- Snow and Ice Melting Systems

Name of Firm Master Mechanical Corp.

Address 3 Banks Avenue, McAdoo, PA 18237

Principal Office 3 Banks Avenue, McAdoo, PA 18237

Owner or Authorized Representative Donald Betterly

**SECTION 1 – FIRM INFORMATION**

1.1 Background Information

a) How many years has the firm been in business? 39

b) How many years has the firm been doing business in proposed contract field? 39

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.

PA                      NJ  
\_\_\_\_\_  
\_\_\_\_\_

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

Date of incorporation November 1979  
State of incorporation Pennsylvania  
President's name Donald Betterly  
Vice President's name(s) \_\_\_\_\_  
Secretary's name Cindy Betterly  
Treasurer's name \_\_\_\_\_

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 2018 \$ 6,311,222
- Year 2017 \$ 14,170,228
- Year 2016 \$ 3,681,690
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 80
- c) List the categories of work that the firm normally performs with its own forces on similar projects.

### 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: | <u>2019</u> | <u>1.15</u>  |
| Year 2: | <u>2018</u> | <u>1.434</u> |

Year 3:     2017            1.279

- 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:     2018            0

Year 2:     2017            0

Year 3:     2016            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:     2018            0

Year 2:     2017            0

Year 3:     2016            0

\*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 X

- 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 X

- 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 X

- 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 X

- 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.



## Master Mechanical Corporation

3 Banks Avenue • McAdoo, PA 18237  
570-929-3609 Phone 570-929-2638 Fax

Email: [estimating@mastermechcorp.com](mailto:estimating@mastermechcorp.com)

### **T-1B Appendix F Attachment #1**

#### **Rest Area #41 (DGS A251-1091.2)**

Monroe County, PA

Roadside Rest Area #41

Building Number #0054R411

I-80 EB 1.0 Miles East of I-380 on mile marker 285

Tannersville, Monroe County, Pennsylvania

#### **Scope of Work:**

Remove existing HVAC equipment, ductwork and associated piping. Replace with new equipment, ductwork, insulation and automated controls system. Coordinate with Electrical and Testing, Adjusting & Balancing subcontractors, as well as the General Contractor to ensure that the project was completed successfully.

#### **Contact:**

John A. Kieffer, Facilities Administrator

Welcome Centers, Roadside Rests and Driver's License Centers (East)

PA Department of Transportation

Bureau of Office Services | Facility Management Division | 5<sup>th</sup> Floor

P.O. Box 3451 | 400 North Street

Harrisburg, PA 17105-3451

717-783-8913 Office | 717-787-0462 Fax

Email: [jkieffer@pa.gov](mailto:jkieffer@pa.gov)

**Original Bid Price:** \$ 78,625.00

**Final Contract Price:** \$ 88,858.72

**Original Completion Date:** 8/17/17

**Actual Completion Date:** 9/26/17

**Note:** Project extended due to PP&L Utilities not completing work on time.

**Performance Rating:** N/A



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### T-1B Appendix F Attachment #1

#### **Thaddeus Stevens College, New Technology Center (DGS 417-44 Ph 1)**

599 Chesapeake Street  
Lancaster, PA 17602  
Lancaster County

#### **Scope of Work:**

This project was new construction of 2 adjacent buildings (North & South) on the campus. Our work included providing and installing all new HVAC equipment in addition to Vocational shop equipment such as Dust Collectors and weld fume exhaust equipment, piping and ductwork, Building Automation, Air Balancing, Insulation, Water Treatment, coordinating with multiple other primes, DGS representatives, the project's Architect and Commissioning Agents.

#### **Contact:**

James D. Arcuri, Jr., Regional Director  
Department of General Services  
Bureau of Capital Projects - Construction | South Central Region  
3<sup>rd</sup> Floor Arsenal Building, Room 321  
18<sup>th</sup> and Herr Streets  
Harrisburg, Pennsylvania 17103  
(717) 603-2281  
Email: [jarcuri@pa.gov](mailto:jarcuri@pa.gov)

**Original Bid Price:** \$ 2,256.976

**Final Contract Price:** \$ 2,673,326.50

**Original Completion Date:** 10/24/18

**Actual Completion Date:** 12/31/18

**Performance Rating:** N/A



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570-929-3609 Phone 570-929-2638 Fax

Email: [estimating@mastermechcorp.com](mailto:estimating@mastermechcorp.com)

### **T-1B Appendix F Attachment #1**

#### **Delaware Valley School District; HS Gymnasium Addition**

236 Rt. 6 & 209  
Milford, PA 18337  
Pike County

#### **Scope of Work:**

This project consisted of demolition of existing and addition of a new gymnasium at the High School. Our work included site work/excavation and layout of underground piping, complete new HVAC equipment, ductwork and piping systems, insulation, integration of new equipment into the existing Facility Management Controls system, balancing of the entire system and cleaning for final inspection. We coordinated with all the construction manager, multiple other primes, the project's architect and our subcontractors to successfully complete this multi-phase project.

#### **Contact:**

Bill Hessling, Business Administrator  
Delaware Valley School District  
236 Rt 6 & 209  
Milford, PA 18337  
570-296-1800 Office  
Email: [bhessling@dvdsd.org](mailto:bhessling@dvdsd.org)

**Original Bid Price:** \$ 801,338

**Final Contract Price:** \$ 801,338

**Original Completion Date:** 9/23/16

**Actual Completion Date:** 9/23/16

**Performance Rating:** N/A

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.

Year 20 18



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

**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 the 5 steps for each case.

Establishment name Master Mechanical Corp.

City McAdoo State PA

Step 1. Identify the person		Step 2. Describe the case			
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(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)
Reset			/		
Reset			/		
Reset			/		
Reset	N/A		/	N/A	A
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		
Reset			/		

**Step 3. Classify the case**  
SELECT ONLY ONE circle based on the most serious outcome:

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Away from work (K)	On job transfer or restriction (L)
___ days	___ days

**Step 5.**  
Select one column:

Injury (M)	Illness				
	Skin disorder (1)	Respiratory condition (2)	Poisoning (3)	Hearing loss (4)	All other illnesses (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals ▶

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

Add a Form Page

Page 1 of 1

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

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# Summary of Work-Related Injuries and Illnesses

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Year 20 18



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of . . . (M)	
(1) Injuries	0
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing loss	0
(6) All other illnesses	0

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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name Master Mechanical Corp.  
 Street 3 Banks Avenue  
 City McAdoo State PA Zip 18237

Industry description (e.g., *Manufacture of motor truck trailers*)  
HVAC Contractor

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

### Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 18  
 Total hours worked by all employees last year 20322

### 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.

[Signature]  
 Company executive Title PRESIDENT  
 Phone 570-929-3609 Date 1/28/19

Save Input

# 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.

Year 20 17



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name Master Mechanical Corp

City McAdoo State PA

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		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Select the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(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)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:						(M)					
						Remained at Work											
						Death	Days away from work	Job transfer or restriction	Other recordable cases	Away from work	On job transfer or restriction	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
<input type="button" value="Reset"/>			N/A			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page totals ▶

Page 1 of 1

Injury (1) Skin disorder (2) Respiratory condition (3) Poisoning (4) Hearing loss (5) All other illnesses (6)

# Summary 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.

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			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	_____	_____	_____
(G)	(H)	(I)	(J)

N/A

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
_____	_____
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

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 50 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, N.W., Washington, DC 20210. Do not send the completed forms to this office.

**Establishment information**

Your establishment name Master Mechanical Corp

Street 3 Banks Avenue

City McAdoo State PA Zip 18237

Industry description (e.g., *Manufacture of motor truck trailers*)  
Mechanical Contractor

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

OR \_\_\_\_\_

North American Industrial Classification (NAICS), if known (e.g., 336212)  
238220

**Employment information** (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 18

Total hours worked by all employees last year 25,403

**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.

[Signature] Title PRESIDENT

Company executive

Phone 570-929-3609 Date 18/27/17

Save Input

# 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.

**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.

Year 20 / 6



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establishment name: Master Mechanical Corp  
City: McAldoo State: PA

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(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 tank)	Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case				Away from work (K)	On Job transfer or restriction (L)	(M)					
						Remained at Work											
						Death (G)	Days-away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Days (K)	Days (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Heating/cooling (5)	All other illnesses (6)
			N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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# Summary of Work-Related Injuries and Illnesses

Year 20 16



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0076

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

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)

N/A

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)

### Injury and Illness Types

Total number of ...  
(M)

(1) Injuries	_____	(4) Poisonings	_____
(2) Skin disorders	_____	(5) Hearing loss	_____
(3) Respiratory conditions	_____	(6) All other illnesses	_____

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-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name Master Mechanical Corp  
 Street 3 Banks Ave  
 City McAdoo State PA ZIP 18207

Industry description (e.g., *Manufacture of motor trucks trailers*)

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

OR

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

238220

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

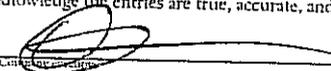
Annual average number of employees 25

Total hours worked by all employees last year 41,000

### 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.

 President  
 TITLE  
 520 924-3609 3 16 2017  
 PHONE DATE



INSURANCE SPECIALISTS  
www.hartmangroup1.com

June 27, 2019

**RE: Master Mechanical Corp.**

Dear Sirs:

Please be advised that we act as bonding and insurance agent for the above-captioned contractor and have done so since early. The surety bond program for Master Mechanical Corp is placed with Hudson Insurance Company which is a New York based surety company with an AM Best Rating of A (Excellent). The current bonding program for Master Mechanical Corp consists of \$10,000,000 single job/\$15,000,000 work program. Please note that these are merely parameters and Hudson would positively review any request outside there guidelines.

Additionally, the Experience Modification Factor under the workers compensation for Master Mechanical over the last three years is as follows:

- 2019 – 1.15
- 2018 – 1.434
- 2017 – 1.279

Please be advised that the workers compensation loss experience at Master Mechanical Corp has been excellent over the last 10 years with only 2 claims of any size. The 2<sup>nd</sup> claim occurred in 2015 year and the Master Mechanical mod will drop below 1.0 for 2020 since the 2015 year will be dropped from the PCRB rating. Based on current losses, we are projecting a 2020 Experience Mod of .820. The one claim we still have in the State calculation was a “not at fault” accident from 10/19/15 when our worker tripped over unburied rebar left by the GC in error and dislocated his shoulder. Had the rebar been properly buried like all the other rebar, this claim never would have occurred. The employee has brought legal action against the GC and we expect full subrogation for the claim payments as part of the suit settlement. Below please find the actual Cincinnati Insurance Company Workers Comp Loss Run.

Insured: MASTER MECHANICAL CORPORATION										Agency: 37054 - THE HARTMAN AGENCY, INC.				
Valid Through Date: 09-11-18					Next Month-End Closing Date: 09-28-18					Last Month-End Closing Date: 08-31-18				
Sorted by Date of Loss														
Loc	Policy	Policy Effect	Named Insured	Qc #	Cat	Loss Date	Loss Description	Loss Type	Claimant/Payee	Paid	Salv/Subr	Expense	End Rsv or Month Closed	Incurred
	EW0467033	01-01-18	MASTER MECHANICAL				NO LOSSES							
	WC2121238	01-01-17	MASTER MECHANICAL				NO LOSSES							
	EW0309708	01-01-16	MASTER MECHANICAL	1		06-21-16	LIFTING	WC MED	SAMUEL SALVO	213	0	48	08/16	262
<i>Total for Loss Date 06-21-16</i>										213	0	48	0	262
<i>Total for Policy Effective Date 01-01-16</i>										213	0	48	0	262 <b>16</b>



INSURANCE SPECIALISTS

[www.hartmangroup1.com](http://www.hartmangroup1.com)

Please note that MMC has had NO Workers Comp claims in the 2016 (\$262), 2017 or 2018 policy years. We have had NO claims in 2019. They have a safety program and Master Mechanical Corp is very safety oriented they have had numerous employees attend our annual OSHA ten hour safety course.

We wanted you to have this information as it's very important to understand that the current MMC mod is artificially inflated by the not at fault claim and the mod will be adjusted once subrogation by the injured worker is complete. Frankly, the loss history at MMC is extraordinary. We had over \$7MM in field payroll over the last 3 years and we essentially have been CLAIM FREE.

In closing, we highly recommend Master Mechanical Corp to you from both a bonding and insurance perspective. Please do not hesitate to contact me should you have any questions at all concerning this account.

Sincerely,

Michael P. Gaetano  
President



## Master Mechanical Corporation

3 Banks Avenue • McAdoo, PA 18237

570-929-3609 Phone | 570-929-2638 Fax

Email: [estimating@mastermechcorp.com](mailto:estimating@mastermechcorp.com)

### Attachment 3

N/A



## Master Mechanical Corporation

3 Banks Avenue • McAdoo, PA 18237

570-929-3609 Phone | 570-929-2638 Fax

Email: [estimating@mastermechcorp.com](mailto:estimating@mastermechcorp.com)

Attachment 4

N/A

**APPENDIX F**  
**DESIGNATED CRITICAL WORK**  
**QUALIFICATIONS STATEMENT**

**COVER SHEET**

DGS Project Name Safety Rest Area Site 47 I-81 Demolition & New Construction

DGS Project Number C-0251-0045 Phase 001

**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 Contractor (.1 Contract)**

- Windows & Glazing
- Hazardous Material/ Asbestos Removal
- Masonry
- Paving & Marking

**HVAC Contractor (.2 Contract)**

- Testing, Adjusting and Balancing
- Ductwork

**Plumbing Contractor (.3 Contract)**

- Well Water Pumps/Water Treatment System
- Solar Collectors for Hot Water

**Electrical Contractor (.4 Contract)**

- Fire Alarm
- Security Cameras
- Control/Signaling
- Snow and Ice Melting Systems

Name of Firm Air Balancing Engineers, Inc.

Address 1175 N. Vine Street, PO Box 311, Berwick, PA 18603

Principal Office Same as Above

Owner or Authorized Representative Bart Rado

**SECTION 1 – FIRM INFORMATION**

1.1 Background Information

a) How many years has the firm been in business? 49

b) How many years has the firm been doing business in proposed contract field? 49

Under what former names has the firm conducted business?

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

All of US and Aboard  
\_\_\_\_\_  
\_\_\_\_\_

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

Date of incorporation 1/1/1970  
State of incorporation Pennsylvania  
President's name Bart A Rado  
Vice President's name(s) \_\_\_\_\_  
Secretary's name Bart A Rado  
Treasurer's name Bart A Rado

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 <b>2018</b> | \$ <u>3,420,065</u> |
| Year <b>2017</b> | \$ <u>4,998,330</u> |
| Year <b>2016</b> | \$ <u>4,536,033</u> |
- 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 & Hydronic Test & Balance, Commissioning, Sound & 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:	<u>2018</u>	<u>0</u>
Year 2:	<u>2017</u>	<u>0.863</u>

Year 3: 2016 0.861

- 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: 2018 0

Year 2: 2017 0

Year 3: 2016 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: 2018 0

Year 2: 2017 0

Year 3: 2016 0

\*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. **NONE**

### **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 X

- 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 X

- 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 X

- 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 X

- 3.5 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?

Yes \_\_\_ No X

- 3.6 Has the firm been assessed or required to pay liquidated damages in connection with work performed on any project?

Yes \_\_\_ No X

- 3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes \_\_\_ No X

- 3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes \_\_\_ No X

- 3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes \_\_\_ No X

- 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 X

\*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 X

- 3.12 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 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.

**AIR BALANCING ENGINEERS, INC.**  
**PROJECTS**

Project Janssen, Xian  
Xian China  
Owner Johnson & Johnson  
General Contractor Johnson & Johnson  
Contract Amount 3,257,905.00  
Scope of Work Testing and Balancing  
Contact Name & # Ibrahim Khadra - 610-651-6541

Project SCI Benner Prison  
Benner Township, PA  
Owner DGS  
General Contractor Benell, Inc.  
Contract Amount 1,047,116.00  
Scope of Work Test and Balance  
Contact Name & # Craig Hosler - 570-784-0805

Project Tobyhanna - OPS Repair MOF BA1  
Tobyhanna, PA  
Owner US Army  
General Contractor Benaka, Inc.  
Contract Amount 134,825.00  
Scope of Work Testing, Balancing, Commissioning  
Contact Name & # Jim Penncavage - 732-470-4464

Project J&J McNeil  
Lancaster, PA  
Owner Janssen  
General Contractor Janssen  
Contract Amount 180,000.00  
Scope of Work Testing and Balancing  
Contact Name & # Rick Mongeau - 717-207-3873

Project Campus Wide  
Elkton, VA  
Owner Merck & Company  
General Contractor Merck & Company  
Contract Amount 239,250.00  
Scope of Work Testing and Balancing  
Contact Name & # Doug Tutwiler - 540-298-5468

Project Onocology Consolidation  
Hanover, NJ  
Owner Novartis Pharmaceuticals  
General Contractor FCL Management  
Contract Amount 1,402,235.00  
Scope of Work Testing and Balancing  
Contact Name & # Russ Paine - 908-216-3178

Project BU - Hartline Science Ctr  
Bloomsburg, PA  
Owner Bloomsburg University  
General Contractor Rado Enterprises  
Contract Amount 116,900.00  
Scope of Work Testing and Balancing  
Contact Name & #: Mike Wozniak - 570-759-0303

Project Sands Casino & Hotel  
Bethlehem, PA  
Owner Sands Bethworks Gaming LLC  
General Contractor Sands Bethworks Gaming LLC  
Contract Amount 316,755.00  
Scope of Work Testing and Balancing  
Contact Name & #: Lawrence Edwards - 702-768-5417

Project Campus Wide Yearly Recertification  
Swiftwater, PA  
Owner Sanofi Pasteur  
General Contractor Sanofi Pasteur  
Contract Amount 556,745.00  
Scope of Work Testing and Balancing  
Contact Name & # Jeff Kalafut - 570-957-3303

Project Albert Einstein Regional Hospital  
Philadelphia, PA  
Owner Albert Einstein Healthcare Network  
General Contractor Gilbane Building Company  
Contract Amount 273,600.00  
Scope of Work Testing and Balancing  
Contact Name & # Ed Markovic - 215-356-5055

Project Charles River Labs  
Reno, NV  
Owner Charles River Labs  
General Contractor Gilbane Building Company  
Contract Amount 461,900.00  
Scope of Work Testing and Balancing  
Contact Name & # Jeff Park - 775-376-6531

Project Sands Casino & Hotel  
Bethlehem, PA  
Owner Sands Bethworks Gaming LLC  
General Contractor Sands Bethworks Gaming LLC  
Contract Amount 316,755.00  
Scope of Work Testing and Balancing  
Contact Name & #: Lawrence Edwards - 702-768-5417

Project UMCP Physical Sciences  
College Park, MD  
Owner University of Maryland  
General Contractor Gilbane Building Company  
Contract Amount 415,100.00  
Scope of Work Testing, Balancing, & Commissioning  
Contact Name & #: Dan Kodan - 301-806-2506

Project Villanova Lancaster Housing  
Bedford, OH  
Owner Villanova University  
General Contractor Torcon, Inc.  
Contract Amount 159,000.00  
Scope of Work Testing and Balancing  
Contact Name & # Jonathan Shanus

Project School of Veterinary Medicine  
Philadelphia, PA  
Owner University of Pennsylvania  
General Contractor Turner Construction Company  
Contract Amount 241,055.00  
Scope of Work Testing and Balancing  
Contact Name & # Mike Esfahani - 856-816-8453

Project Erickson Senior Living Facility  
New Providence, NJ  
Owner Erickson - Lantern Hill  
General Contractor Worth & Co.  
Contract Amount 120,000.00  
Scope of Work Testing and Balancing  
Contact Name & #: Len Peligrino - 267-362-1144



Air Balancing Engineers Inc.

Bart A Rado

PO Box 311

Berwick, PA 18603

RE: Air Balancing Engineers ERM History

Bonnie:

Here is a history of your experience rating modification for the last Five Years.

03/09/14-03/09/15	\$0 Losses	.861 Experience Mod.
03/09/15-03/09/16	\$0 Losses	.861 Experience Mod.
03/09/16-03/09/17	\$0 Losses	.861 Experience Mod.
03/09/17-03/09/18	\$0 Losses	.863 Experience Mod.
03/09/18-03/09/19	\$0 Losses	5% Merit Rating Credit Applies
03/09/19-03/09/20	\$0 Losses	5% Merit Rating Credit Applies

Air Balancing Engineers no longer qualifies for an experience rating modification for the period of 03/09/19-20 because their premium is too low. They will be receiving a 5% Merit Rating Credit because they have had no losses.

Please let me know if you need anything else in regards to this matter.

Thank you,

Gail Hoadley

Account Manager

Nicholas J Kurtz  
 East Penn Insurance  
 Owner/Broker  
 3500 Winchester Rd. Suite 204  
 Allentown Pa 18104  
 P-484-891-9990  
 F-484-408-0336  
[nkurtz@eastpenninsurance.com](mailto:nkurtz@eastpenninsurance.com)  
[www.eastpenninsurance.com](http://www.eastpenninsurance.com)



Year 2016

# OSHA's Form 300A Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	0 (G)	Total number of cases with job transfer or restriction	0 (H)	Total number of other recordable cases	0 (J)
------------------------	-------	--	-------	--	-------

### Number of Days

Total number of days of job transfer or restriction	0 (K)	Total number of days away from work	0 (L)
---	-------	-------------------------------------	-------

### Injury and Illness Types

Total number of...			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) All other illnesses	0
(3) Respiratory Condition	0		

### 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 50 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this

### Establishment information

Your establishment name Air Balancing Engineers, Inc.  
 Street 1175 N. Vine Street  
 City Berwick State PA Zip 18603  
 Industry description (e.g., Manufacture of motor truck trailers) Testing and Balancing  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 1 7 1 1

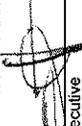
### Employment information

Annual average number of employees 26  
 Total hours worked by all employees last year 52,250

### 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.

  
 Company executive \_\_\_\_\_ Title President  
 Phone \_\_\_\_\_ Date 1/4/2017

570-759-1625



# OSHA's Form 301 Injuries and Illnesses Incident Report

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.

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by	Bonnie Wesstrom
Title	Secretary
Phone	570-759-1625
Date	1/4/2017

## Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5)  Male  Female

## Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Information about the case

- 10) Case number from the Log \_\_\_\_\_ 0. (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM  Check if time cannot be determined
- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.



Year 2017

U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0176

# OSHA's Form 300A Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

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 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
0	0
(K)	(L)

### Injury and Illness Types

Total number of... (M)	(1) Injury	(4) Poisoning	0
	(2) Skin Disorder	(5) All other illnesses	0
	(3) Respiratory Condition		0

### 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 50 minutes per response, including time to review the instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this

### Establishment information

Your establishment name Air Balancing Engineers, Inc.  
 Street 1175 N. Vine Street  
 City Benwick State PA Zip 18603  
 Industry description (e.g., Manufacture of motor truck trailers)  
Testing and Balancing  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
1 7 1 1

### Employment information

Annual average number of employees 27  
 Total hours worked by all employees last year 48,653

### 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.

  
 \_\_\_\_\_  
 Company executive  
 \_\_\_\_\_  
 President  
 \_\_\_\_\_  
 Title

570-759-1625 Phone 142019 Date  
142019 Date



Log of Work-Related Injuries and Illnesses

Form approved OMB no. 1218-0176

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.

You must record information 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 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.

Establishment name

AIR BALANCING ENGINEERS, INC.

City

BERWICK State PA

Identify the person

Describe the case

Classify the case

Table with columns (A) Case No., (B) Employee's Name, (C) Job Title, (D) Date of injury or onset of illness, (E) Where the event occurred, (F) Describe injury or illness, (G) Death, (H) Days away from work, (I) Job transfer or restriction, (J) Other recordable cases, (K) On job transfer or restriction, (L) Away from work, (M) Injury, (N) Skin Disorder, (O) Respiratory Condition, (P) Poisoning, (Q) All other illnesses.

Page totals

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 instruction, 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 aspects of this data collection, contact: US Department of Labor, OSHA, Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

# OSHA's Form 301 Injuries and Illnesses Incident Report



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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.

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_

- 5)  Male  
 Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_

- 7) If treatment was given away from the worksite, where was it given? \_\_\_\_\_

Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
 Yes  
 No

- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

Completed by	Bonnie Wesstrom
Title	Secretary
Phone	570-759-1625
Date	1/4/2018

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ 0 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM  Check if time cannot be determined

- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

- 15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-586 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

# OSHA's Form 300A

## Summary of Work-Related Injuries and Illnesses

Year 2018



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>0</u> (H)	<u>0</u> (I)	<u>0</u> (J)

### Number of Days

Total number of days of job transfer or restriction	Total number of days away from work
<u>0</u> (K)	<u>0</u> (L)

### Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) All other illnesses
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

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### Establishment information

Your establishment name Air Balancing Engineers, Inc.  
 Street 1175 N. Vine Street  
 City Berwick State PA Zip 18603  
 Industry description (e.g., Manufacture of motor truck trailers)  
Testing and Balancing  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)  
1 7 1 1

### Employment information

Annual average number of employees 24  
 Total hours worked by all employees last year 41,853

### 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.

[Signature]  
 Company executive  
 President  
 Title

570-759-1625 Phone  
1/8/2019 Date



# OSHA's Form 301

## Injuries and Illnesses Incident Report

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.



U.S. Department of Labor  
Occupational Safety and Health Administration  
Form approved OMB no. 1218-0176

### Information about the employee

- 1) Full Name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_
- 4) Date hired \_\_\_\_\_
- 5)  Male  
 Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional  
\_\_\_\_\_  
\_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ 0 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_
- 12) Time employee began work \_\_\_\_\_ AM/PM
- 13) Time of event \_\_\_\_\_ AM/PM  Check if time cannot be determined
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Completed by <u>Bonnie Wesstrom</u>
Title <u>Secretary</u>
Phone <u>570-759-1625</u> Date <u>1/8/2019</u>

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

## T-2A Project Management Team

### **Donald Betterly, President/Owner**

Donald Betterly has been in the mechanical industry since 1989, developing a strong working relationship with vendors, subcontractors and fellow prime contractors. As President and Owner of the company, Don will often consult on HVAC system and equipment design for a wide range of projects, and work with other engineers, project managers, and construction professionals as needed to create and/or modify design parameters. In addition to day to day operations, Don analyzes HVAC systems and equipment when necessary to find inefficiencies or malfunctions and create solutions to optimize performance and increase the efficiency of operation. Communicating directly with customers to understand project requirements, goals, design specifications, and operational environments in order to evaluate cost, feasibility, and implementation of new HVAC equipment. Create and submit detailed bids that outline costs and timelines for construction or extraction projects in accordance with deadlines and serve as project leader to coordinate efforts of managers, engineers, drafters, and manufacturing personnel during all project phases.

### **Nathan Mutchler, Pipefitting Division Project Manager**

Nathan Mutchler is responsible for assigning daily work tickets and coordinating crews based on job location, duration, and workforce skill set. Communicating with site foreman, Estimators, and Sales Representatives to understand job scope, timing, and goals to relay to field crews. Coordinate equipment requirements for all jobs (Man lifts, fork trucks, welders, trailers, etc.) always forecasting the workload and collaborating with other contractors/subcontractors to keep all employees scheduled working with efficiency.

## T-2B Work Plan and Schedule

### Scope of Work

Provide and Install brand new HVAC System, including Air Handling Units, Energy Recovery Units, Heat Pumps, Exhaust Fans, Unit Heaters, ductwork and piping, insulation and diffusers, registers and grilles. Install HVAC Controls, test and balance the entire system, and coordinate with other primes and the Commissioning Agent to complete the project on schedule.

### Coordination with all primes:

Ninety percent of our work involves multi-prime contractors. We will work with the other project managers to develop a project schedule that meets all time constraints and deadlines. We will submit mechanical coordination drawings for all primes to work with, oversee our employees and ensure their work as well as that of our subcontractors is completed on or ahead of schedule. We will also work with the project engineers and other primes to come up with solutions that work for everyone should any issues arise.

### Adherence to contract sequences & work area separation:

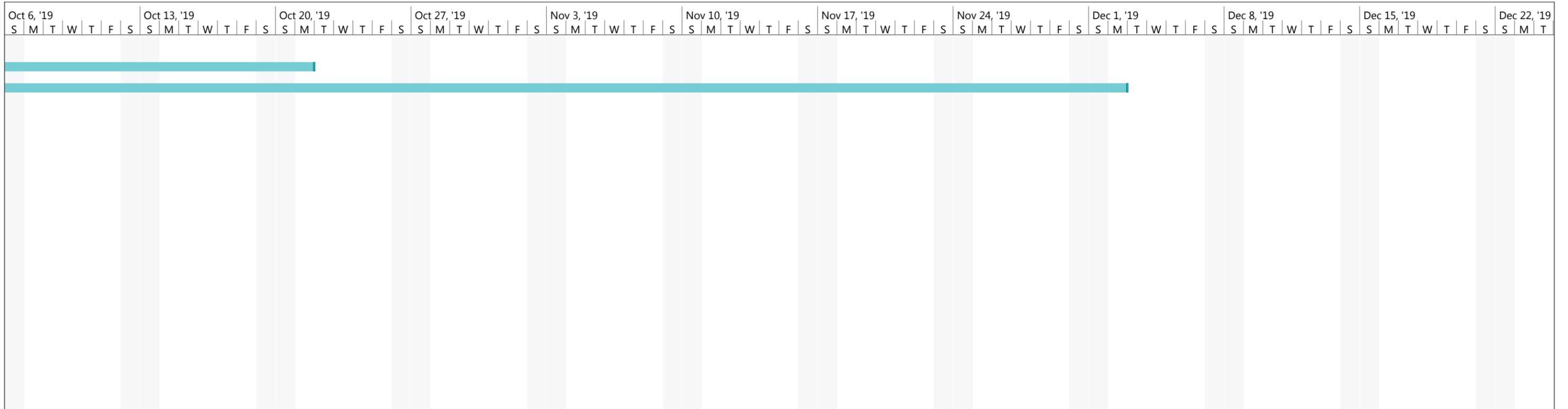
We can work with and adhere to project schedules set by others. We will develop a plan to have enough manpower to cover both building sites, and schedule deliveries concurrent with both sites so we can ensure the project moves along smoothly as scheduled.

### Working with Commissioning Agent:

We will work along with the Commissioning agent to ensure that all equipment is installed, tested, and balanced to project specifications, and provide owner training as required. Any items requiring further attention as noted by the Commissioning Agent's punch list will be addressed immediately so that the buildings are ready for occupancy on or before the Substantial Completion date.

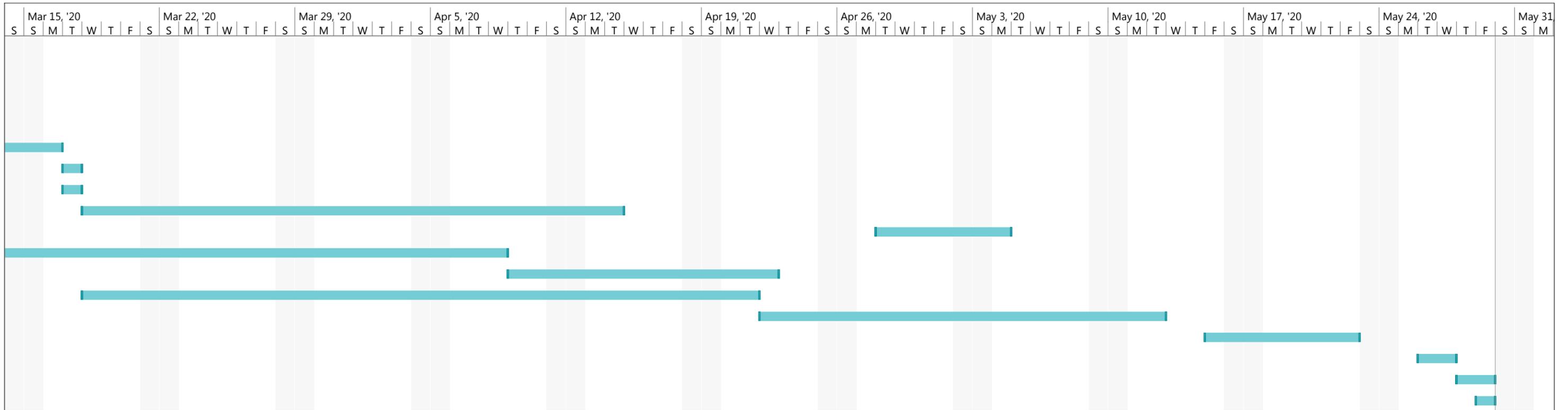
See attached for and estimated project schedule





Project: Rest Areas 47 & 48 Sch Date: Thu 6/27/19	Task		Project Summary		Manual Task		Start-only		Deadline	
	Split		Inactive Task		Duration-only		Finish-only		Progress	
	Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	
	Summary		Inactive Summary		Manual Summary		External Milestone			





Project: Rest Areas 47 & 48 Sch  
Date: Thu 6/27/19

Task		Project Summary		Manual Task		Start-only		Deadline	
Split		Inactive Task		Duration-only		Finish-only		Progress	
Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	
Summary		Inactive Summary		Manual Summary		External Milestone			

## T-2C Safety Plan

### Master Mechanical General Safety Policy

The safety and well-being of each employee is Master Mechanical's top priority and we are committed to providing a safe and healthy work environment. Through cooperation, open communication and the implementation of our state certified Safety Committee, Master Mechanical and all its employees will continually work to improve our performance and strive towards the goal of an accident and injury-free workplace.

### Objective

The objective of this document is to establish a plan for implementation of the company's safety program for specific projects. The plan is intended to minimize losses, meet compliance requirements and implement site safety regulations that Master Mechanical has established along with OSHA standards.

### Commitment

Master Mechanical Corp. is committed to preserving the integrity, success and quality of our company, by consistently promoting a strong safety culture. We believe that any project, irrespective of size or complexity can be completed efficiently and safely. We will strive to promote a program that protects our staff, our property, anyone engaged in an occupation on one of our sites, and the general public, from accidental loss, injury or illness.

### Empowerment and Goals

All employees and management staff of Master Mechanical Corp. are empowered to take responsibility for their own safety, and for the safety of others. We believe that it is everyone's right and responsibility to include safety as an integral part of our everyday activities. Our goal is an injury free workplace at all operations with which we are associated. To help achieve this goal all employees and contractors are required to work in compliance with applicable OSHA legislation and company health and safety standards.

## Safety Committee

The Safety Committee is responsible for ensuring all safety program goals, objectives, and performance indicators are established annually. Once drafted, the goals and objectives are shared and discussed with the Safety Committee before being communicated to company owner for approval.

Field organizations are responsible for establishing their own goals and objectives, which are communicated to the Safety Committee. Field organization goals and objectives are appropriate for their needs and are consistent with the overall workplace safety and health program goals.

The overall goal is to prevent injuries and provide for a safe work environment. The purpose of this policy is to establish the methods used for developing, communicating, and evaluating the agency's safety program goals and objectives.

The establishment of annual goals and objectives provides direction and a means of communication that encourages continuous safety program improvement. Safety program improvement can be achieved by reducing accident frequency, accident severity, and their related costs. Program improvement may also be achieved through the proactive methods of evaluation and enhancement of the safety program.

## Safety Officer & Support Staff Contact

The Safety Officer's role is to act as the resource to the company and employees on safety issues and assist in the development of the safety program and planning. The Safety Officer will also conduct routine inspections of project sites. The Safety Officer and the Project Manager work closely together on all safety matters.

Nathan Mutchler

Office: 570-929-3609 Cell: 570-406-0908

Email: [natem@mastermechcorp.com](mailto:natem@mastermechcorp.com)

Amanda Ackerman

Email: [amandaa@mastermechcorp.com](mailto:amandaa@mastermechcorp.com)

Gwyneth Navitsky

Email: [frontdesk@mastermechcorp.com](mailto:frontdesk@mastermechcorp.com)

## **Drug and Alcohol Policy**

Master Mechanical Corp. is committed to the safety and productivity in all aspects of its operations on behalf of employees, customers and the communities in which we operate.

Master Mechanical Corp. recognizes that the use of illicit drugs and inappropriate use of alcohol and prescription drugs can have serious adverse effects on performance and ultimately the safety and well-being of employees, customers, visitors, public, or the environment. We also recognize that there are changing demands in the work environment reflecting more stringent expectations.

As a responsible employer, Master Mechanical Corp. has a compelling interest in establishing programs that promote and enhance safety in the workplace. Master Mechanical Corp. has implemented a substance abuse program that is directed at protecting the working environment, health and safety of employees, co-workers and the general public.

Master Mechanical Corp. will provide training, education and access to assistance as required accommodating the needs of our employees.

## **Violence/Harassment in the Workplace Policy**

Master Mechanical Corp. recognizes that we work in an environment where tempers can run high and patience can run thin. However, every worker under our care is entitled to a work environment free of harassment of any form. This includes any objectionable conduct, comment or display directed at a worker made based on race, creed, religion, color, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin. Workers on any Master Mechanical's site are reminded of their obligation not to cause or participate in the harassment of another person.

A worker who believes that he or she has been subjected to harassment in any form is encouraged to clearly and firmly make known to the alleged harasser the objectionable nature of the behavior and request that it be stopped. If the situation cannot be resolved satisfactorily, the worker should report the problem in confidence to his/her supervisor or directly to the Safety Manager.

All complaints of alleged harassment will be investigated and, if substantiated appropriate disciplinary action will occur. The identity of the worker or the circumstances of the complaint will not be disclosed except where disclosure is necessary as part of the investigation or disciplinary process, or where required by law.

Nothing in our Harassment Policy prevents or discourages a worker from referring harassment complaint to an appropriate government agency or initiating a complaint under the applicable provincial law.

## **Disciplinary Action Policy**

This policy will provide guidelines for equitable and just administration of disciplinary action. The purpose of disciplinary action policy is to prevent an infraction from recurring. All Supervisors have a fundamental responsibility for developing and maintaining good discipline within their organization. High morale, orderly conduct and a spirit of co-operation are more likely to be found where mutual understanding and respect for individual rights and responsibilities exist.

A disciplinary action is appropriate when an infraction of company or government regulations occurs, or when lapses in performance or personal behavior impact on safe and efficient company operations. Disciplinary action is also appropriate if company property, funds or sensitive information is stolen or misused; or if good relationships between the company, its workers, the public and appropriate government agencies are not maintained.

To ensure that disciplinary action is efficiently handled, Master Mechanical Corp. utilizes a disciplinary form that will document the inappropriate actions, expected performance, disciplinary results, and signatures of workers and management.

## **Environmental Management Policy**

Master Mechanical Corp. takes a proactive approach to environmental management and achievement of cost-effective compliance with current regulations. Our goal is to meet the requirements defined by Local, State and Federal Environmental and Health Acts and Regulations. It is our policy and practice to:

- Assess the hazards of the workplace
- Minimize the dangers of these hazards

- Ensure all workers understand the nature of the workplace hazards and use safe work practices and procedures, and;
- Ensure workers receive training in the proper handling, storage, use and disposal of all hazardous materials.

Environmental management, however, is more than waste and hazard management. It is the sum of all efforts to protect life, property and the environment. This includes utilizing effective materials management systems to minimize the consumption of materials.

Master Mechanical Corp. will, wherever possible, support reducing, reusing, recycling and recovering of waste products rather than disposing of them.

Environmental protection is a responsibility shared by everyone on the work site.

## **Accident Reporting Policy**

All accidents, safety issues or near miss incidents involving public, contractor or any on-site personnel, or resulting in property damage, must be reported immediately and properly documented per company and OSHA standards. The foreman on-site will complete the appropriate incident report unless the foreman is personally involved or hurt.

All accidents, incidents and near misses will be reported to Master Mechanical Corp's Safety Manager who will then notify the proper authority on the project. All near misses will be investigated and used as a teaching tool to aid in the prevention of future accidents.

All accident investigation reports will be submitted to the proper project authority immediately following the accident with a follow-up investigation meeting for all serious incidents. Master Mechanical Corp's Employee's Report of Injury Form, Supervisor's Accident Investigation Form, and Incident Investigation Form is attached hereto.

## **Injury Management Policy**

Master Mechanical Corp. understands that even with the utmost attention paid to controlling and eliminating hazards, incidents and accidents will still occur. When these injuries do occur, management is committed to making every reasonable effort to assist an injured employee in returning to the workplace.

We believe that an effective claims program begins with an immediate response to any reported incident. Our employees are empowered to report ALL incidents and accidents, even those where medical aid is not required. All foremen, supervisors and senior management are aware that without our skilled workforce, the future of our business would be less than unsure, and as such, we will make every effort to ensure that all injuries and incidents are managed immediately.

Employees need to be aware that they are the first line in this initiative; if you do not make a report, we are unable to assist you. All management within Master Mechanical's organization will strictly adhere to the same "no-fault" concept that is demonstrated through the Workers Compensation Board; management will strive to ensure that information is gathered thoroughly and on a timely basis, and that all incidents, injuries and near-misses will be investigated, regardless of severity.

Beyond the reporting policy, Master Mechanical Corp. commits to a strong communication base, ensuring that injured employees, their families, health care providers and the Workers Compensation Bureau will always be connected and included.

The progress of any employee returning to regular or modified work duties will be monitored to ensure quality care, and disability management and communications training will be provided for any staff member who feels it is required.

## **Work Site Inspection Policy**

Inspections play a vital role in mitigation and elimination of on-site hazards. As such, it is the policy of Master Mechanical Corp. that a monthly inspection is done at each active job site, or whenever there is a significant change to that work site. Master Mechanical Corp. will maintain a comprehensive program of safety inspections at all facilities and job sites. Significant changes include, but are not limited to:

- Changes in weather
- Addition of new trades to the site
- Shift in scope of work
- Change in stage of work
- Changes to procedures
- Incidents or significant near-misses Please try to remember that you, the employee is our only constant link to the job site. It is up to you to inform us of identified hazards or potential hazards, so that we can make immediate changes to protect

you from your job. These monthly inspections are a way for you to inform us of what is required on your job site.

JOB TASK	HAZARDS	CONTROLS
<b>Demolition</b>	Asbestos Collapsing Structure Dust & Debris Pits/Holes Overhead Work Existing Utilities & Power Lines	Abated prior to start and report immediately upon discovery Trace/understand load paths Water control, exhaust, vacuums and good housekeeping & barricades & warnings Goggles/face shields Identify & mark
<b>Concrete Work</b>	Concrete Burns Rebar Impalement Tripping Hazards	Gloves & safety glasses Cap all rebar Housekeeping & material containment
<b>Sheet Metal Work</b>	Falls Hoisting Loads Welding Cuts	Fall protection equipment Rig equipment properly & awareness of hoisting operations Fire extinguisher/gloves/safety glasses, proper fire watch, hot Work Permits when necessary Gloves & proper handling
<b>Carpentry Work</b>	Eye Injuries Power Tool Injuries Electrocution Falls Hand Injuries	Safety glasses Inspect tools, use blade guards, Check power cords prior to use & proper usage training Using ground fault receptacles & proper ladder usage Gloves
<b>Rooftop Work</b>	Falls Falling Loads Foot & Hand Injuries	Fall protection equipment, warning line system & personal fall arrest systems Properly barricade area below Gloves & proper footwear

<b>Pipework</b>	Lifting Injuries Cutting Pipe Open Trenches Power Tool Injuries Electrocution	Use proper lifting methods Safety glasses & gloves Barricade area & inspect tools/equipment Inspect tools, use blade guards, check power cords prior to use & proper training/handling Using ground fault receptacles
<b>HVAC Specific</b>	Falls Cuts Falling Loads Electrocution Duct Insulation Hand Injuries	Proper setup & use of ladders Gloves & proper handling; check for sharp edging Rig equipment properly, awareness of hoisting operations & no work under suspended load Lock panel boards, tag & tape circuit breakers, proper handling & using ground fault receptacles Use dust mask/respirator if needed Gloves & proper handling

## Hazard Communication Safety Policy

The management of Master Mechanical Corp is committed to preventing accidents and ensuring the safety and health of our employees. We will comply with all applicable federal and state health and safety rules. Under this program employees are informed of the contents of the OSHA Hazard Communications Standard, the hazardous properties of chemicals with which they work, safe handling procedures and measures to take to protect themselves from these chemicals. These chemicals may be physical or health related.

This written hazard communication plan is available at the following location for review by all employees: Shop/Garage. This policy complies with the requirements of the OSHA/TOSHA Hazard Communication Standard, CFR 1910.1200. This policy also applies to subcontractors, contractors, visitors and employees who may potentially be exposed to chemicals.

It is recommended that each department/work site maintain a copy of the current Safety Data Sheet for each hazardous chemical in the workplace. Safety Data Sheets are also maintained by the main office/shop/garage.

Safety Data Sheets must be maintained on a current basis and must be readily accessible to employees at all times. If an employee seeks a Safety Data Sheet and it is not available, they may submit a written request through their supervisor to be submitted to the main office. A copy of the requested SDS will be furnish within three (3) business days after receiving the written request.

## **Emergency Action Policy**

The emergency plan provides procedures to be utilized for emergency evacuation of the building or job site in the event of a bomb threat, fire, natural disaster, or other emergency condition. These procedures have been developed to provide a systematic and orderly evacuation process. This plan includes pertinent information on the building's alarm system, bomb preparedness, exits, fire prevention, and fire extinguishing methods and equipment.

When emergencies occur, the ability to respond quickly in a coordinated effort with trained people operating as a team is vital. Prompt action reduces, if not eliminates the possibility of personal injury and will minimize damage. Because it is not always possible to know the exact reason for an evacuation, this plan is tailored around the implementation of the most complex plan, the bomb threat. Additional information is included as necessary to deal with other topics such as firefighting and fire extinguishing. This procedure outlines the preparation, training and implementation of emergency plans and how it applies to emergency situations involving Master Mechanical Corp. employees and contractors. It is to be implemented as soon as practical after the occurrence of any emergency.

## **Control of Hazardous Energy (Lockout/ Tagout) Policy**

Effective hazardous energy control procedures will protect employees during machine and equipment servicing and maintenance where the unexpected energization, start up or release of stored energy could occur and cause injury, as well as while working on or near exposed deenergized electrical conductors and parts of electrical equipment. Hazards being guard against include being caught in, being crushed by, being struck by, being thrown from, or contacting live electrical circuits/parts.

The procedure herein established will ensure that machines and equipment are properly isolated from hazardous or potentially hazardous energy sources during

servicing and maintenance and properly protect against reenergization as required by 29 CFR 1910.147.

While any employee is exposed to contact with parts of fixed electrical equipment or circuits that have been deenergized, the circuits energizing the parts shall be locked out and tagged in accordance with the requirements of 29 CFR 1910.333 (b) (2). SEE THIS OSHA STANDARD. Only when disconnecting means or other devices are incapable of being locked out, and until lockout capability is provided, will a tagout procedure (without lockout), be utilized.

## **Personal Protective Equipment Policy**

Master Mechanical Corp. philosophy for protecting its workers and contract personnel is to eliminate or reduce hazards by:

- Engineering controls and systems.
- Developing safe work practices, based on sound judgment and experience.
- Implementing administrative controls and policy.
- Master Mechanical Corp. will do everything reasonably practical to protect the health and safety of its workers.
- No worker, under normal conditions, will work in an atmosphere, which is Immediately Dangerous to Life and Health (IDLH).
- No worker, under normal conditions, will work in a flammable atmosphere.
- No worker, under normal conditions, will be exposed to a noise level in excess of 85 dBA.

If the hazard assessment indicates the need for personal protective equipment (PPE), Master Mechanical Corp. will ensure that:

- the workers wear PPE that is correct for the hazard and protects the workers
- the workers properly use and wear the PPE in accordance with the training and instruction they have received
- the PPE is in a condition to perform the function for which it was designed

Master Mechanical Corp. will make sure that the use of PPE will not in any way endanger the worker. Management is responsible to ensure that activities on Master Mechanical Corp. sites are carried out in accordance with this policy. Supervisors must assess the hazard associated with a activity in a responsible manner and with a thorough knowledge of any pertinent regulations.

Any questions regarding implementation of this policy must be reported to the office or the safety advisor.

## **Respiratory Protections Policy**

The purpose of Master Mechanical Corp. Respiratory Protection Program is to protect employees from exposure to respiratory hazards in the workplace and to comply with the requirements of OSHA's Respiratory Protection standard, 29 CFR 1910.134. In order to control occupational diseases associated with such exposures, the Respiratory Protection Program's primary objective is to inform employees on how to identify and evaluate respiratory hazards in the workplace, select and use appropriate protective devices for particular hazards, and maintain and care for the respiratory protection equipment. Whenever possible, engineering controls should be utilized to provide protection against respiratory hazards. However, when such controls are not feasible, respiratory protection shall be used.

This Respiratory Protection Program applies to all Master Mechanical Corp. employees who perform tasks that require the use of respirators during normal work operations or situations where employees are or might be exposed to respiratory hazards including harmful dust, fogs, fumes, mists, gases, smokes, sprays, or vapors and oxygen-deficient atmospheres. Employees participating in the Respiratory Protection Program do so at no cost to themselves. Each department employing personnel where respiratory protection is required is responsible for all training, medical evaluations, fit testing, purchase of respiratory protective equipment and engineering controls.

## **Hearing Conservation Policy**

The objective of the Master Mechanical Corps. Hearing Conservation Program is to minimize occupational hearing loss by providing hearing protection, training, and annual hearing tests to all persons working in areas or with equipment that have noise levels equal to or exceeding an eight-hour time-weighted average (TWA) sound limit of 85 dBA (decibels measured on the A scale of a sound level meter). A copy of this program will be maintained by all affected departments. A copy of OSHA's Hearing Conservation Standard, 29 CFR 1910.95, can be obtained from the main office. A copy of the standard will also be posted in areas with affected employees.

## **Confined Space Policy**

It is the policy of the Master Mechanical Corp. to take every reasonable precaution to provide a work environment free from recognized hazards for its employees. Entry into a confined space will be in conformance with all Federal, and Pennsylvania State laws, rules and regulations, as well as the Master Mechanical Corp. confined space program and accepted department policies. Whenever possible, work that can be performed without entering a confined space is considered the preferred method.

All confined spaces have been previously identified and properly classified as either a permit-required or non-permit-required. If a change in conditions occur within a non-permit required confined space (e.g. flooding, reconfiguration, contamination) it automatically becomes a permit-required confined space and all proper precautions must be taken. A permit system has been established for all entries into permit-required confined spaces. Permit forms will be kept in the office and once completed will be kept on file for a minimum of 6 years. Prior to entry of a permit-required confined space, an entry team consisting of at least one designated entrant, attendant and entry supervisor shall be established.

Atmospheric testing is required before entering any permit-required space. If a hazardous atmosphere is present, employees shall not enter the space until ventilation procedures have been carried out and testing reveals acceptable entry conditions based upon the Department of Labor Public Employee Safety and Health Bureau's permissible exposure limits (PEL). Whenever possible, all atmospheric hazards will be eliminated before entry. Master Mechanical Corp. will provide all equipment required for entry in accordance with 29 CFR 1910.146 and will ensure that all affected employees are trained and use the equipment properly.

## **Fall Protection Policy**

This policy has been made to establish controls and procedures whenever an employee (s) of Master Mechanical Corp. is working at elevated heights greater than six (6) feet. This plan will help minimize the risk of serious injury or death and help identify areas that protection will be needed. This plan is to ensure employee safety while working at heights and has been made in to conform to OSHA standards set in Subpart M.

This plan establishes the minimum procedures and requirement that should be used by employees that are working at heights greater than six (6) feet above the ground/floor level. This plan also pertains to employees that will be working over or around any opening that would allow them to fall four (4) or more feet to a level below them (ex. docks, pits, tank openings, catwalks, lofts, roofs, etc.).

## **Assured Equipment Grounding Conductor Policy**

The purpose of this policy is to provide requirements to eliminate all injuries resulting from possible malfunctions, improper grounding and/ or defective electrical tools. The Assured Equipment Grounding Conductor program applies to all Master Mechanical Corp. sites. This document covers Master Mechanical Corp. employees and contractors and shall be used on owned premises.

## **Preventative Maintenance Policy**

Master Mechanical Corp. believes that a schedule of planned maintenance actions aimed at the prevention of breakdowns and failures will ultimately lead to improved system reliability and will mitigate hazards associated with equipment failure. Our primary goal is to prevent the failure of equipment before it actually occurs. In order to accomplish this, our program will include equipment checks, partial or complete overhauls at specified periods, oil changes, and lubrication; employees will be instructed to record equipment deterioration so we know when to replace or repair worn parts before they cause system failure and lead to property damage or injury.

Master Mechanical Corp. has a preventative maintenance program in place for the inventory of machinery / equipment. When new machinery / inventory is purchased it is added to the inventory list. This list will be kept current.

## **First Aid Policy**

Master Mechanical Corp. shall supply training, first aid equipment, supplies and a first aid room to all employees to ensure that in the event they need first aid treatment, it will be provided as rapidly as possible and by qualified first aiders, in full compliance with applicable legislation. It will be located at or near the worksite they are intended to serve, and available and accessible during all working hours.

The first aid equipment and supplies will be maintained in a clean, dry and serviceable condition; contained in a material that protects the contents from the environment; and clearly identified as first aid equipment and supplies.

Master Mechanical Corp. shall post signs, at conspicuous places on the worksite, indicating the location of first aid services, equipment and supplies. If posting of signs is not practicable, they shall ensure that each worker knows the location of first aid services, equipment and supplies. There will be an emergency communication system in place for workers to summon first aid services.

Master Mechanical Corp. utilizes an approved training agency to provide the first aid training to its workers for a certificate in emergency first aid, standard first aid or advanced first aid. Master Mechanical Corp. will ensure that a worker who successfully completes the training by an approved training agency will meet the standards for a certificate in emergency first aid, standard first aid or advanced first aid that are adopted by the Director of Medical Services in consultation with the Joint First Aid Training Standards Board. Master Mechanical Corp. a record of all workers at a worksite who are first aiders.

## **Bloodborne Pathogen Exposure Control Policy**

Master Mechanical Corp has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program and complies with OR-OSHA's Bloodborne Pathogens, 1910.1030, requirements. Master Mechanical Corp has the authority and responsibility to ensure that all elements of the exposure plan are in place. The purpose of this exposure plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, provide information and training to employees exposed to blood and OPIM, and comply with OSHA Bloodborne Pathogen standard, 1910.1030.

MASTER MECHANICAL  
**MMC**  
CORPORATION  
HVAC CONTRACTOR

**Quality Control Plan**

Master Mechanical Corp.  
3 Banks Ave. McAdoo PA 18237  
Phone: 570-929-3609  
Fax:570-929-2638

## **T-2D Quality Control Plan**

### **Project:**

### **Introduction**

The purpose of a quality control plan is to provide structure and order to the processes through which a company ensures that its products and procedures meet the appropriate internal and external requirements, such as through customer expectations of federal laws. Master Mechanical Corp. Quality Control Representative has the sole responsibility for ensuring all aspects of the project is completed in direct accordance with the written contract.

### **Subcontractors**

Subcontractors hired by Master Mechanical Corp. will comply with all information stated in the Quality Control Plan. The list of subcontractors are as follows:

- Air Balancing Engineers
- Insulation Sub (TBD)
- ATC Controls Sub (TBD)

### **Plan for Documenting Quality Control Procedures**

Review and Management of all quality control documentation is the direct responsibility MMC's Quality Control Administrator who has the complete support and dedication of MMC's owner, employees, management and staff. The Quality Control Administrator or their Designee shall be responsible for completing the following:

- Preparation, approval and implementation of the CQC Plan
- Verification of materials as per project plans and specifications
- Development of means and methods to store and protect materials
- Review **Daily Reports** of work completed on the site every day.
- **Constantly Inspect** the quality and completeness of the work being performed by all Employees and lower tier contractors maintaining the utmost adherence to drawings, specifications, codes, OSHA, and other subcontract requirements.
  - Submit **Request for Information (RFI)** for any discrepancy in the drawings and/or specifications.
  - Ensure that all **Record Drawings, including as-built drawings**, are kept up to date and reviewed weekly.

## **Planning for Scheduling, Managing and Reviewing Submittals and Shop Drawings**

- MMC will require Vendors and Subcontractors to send submittals within 10 days.
- Shop Drawings and proposed materials will be submitted for approval in accordance with the project specifications.
- Any revisions or corrections necessary to submittals returned from the party responsible for reviewing will be expedited for a quick return.
- Copies of all Approved shop drawings and material submittals will be forwarded to the jobsite Superintendent for his information and reference.

## **Contractor Quality Control Plan Acknowledgement**

**Project:**

**Project No:**

**The undersigned have read and concur with this Contractor Quality Control Plan:**

<b>Quality Control Manager</b>	<b>Date</b>
<b>Project Manager</b>	<b>Date</b>
<b>Electrical Foreman</b>	<b>Date</b>
<b>Mechanical Foreman</b>	<b>Date</b>
<b>Site Safety Manager</b>	<b>Date</b>

## T 3-A/B: Staffing Resources & Skill Training

Master Mechanical Corp. has approximately 25 on-site/field employees between both the Sheetmetal and Pipefitting divisions. This group of employees has extensive knowledge in both crafts as well as miscellaneous trades that help when working on multiple prime projects.

All our Sheetmetal workers are Union, and we have association with our Local Union office #44, as well as others throughout the state, and in other states. This provides us with the opportunity to not only engage skilled tradesmen for every project that we work on, but to have a large pool of eligible employees that are ready and able to work should the need arise for us to add additional workers to the force.

Many of our Pipefitters were at one time in the local Pipefitting union and bring with them the knowledge of the skills that they learned through the educational programs offered by the apprenticeship and journeymen programs.

## T 3C: Workforce Safety

All of Master Mechanical Corp employees are OSHA 10 or 30 certified, and many possess additional certifications such as material handling, welding, forklift operation, rigging/signalman.

All employees have complete background checks to comply with Department of Education guidelines and go through pre-employment drug screening. Master Mechanical also has a no tolerance drug and alcohol-free workplace policy in effect. Master Mechanical has implemented a Safety Program, headed by our Project Managers and clerical staff, where we conduct once a month safety meeting to discuss on-site safety and preventative measures to ensure our employees and others remain accident free.

In addition to our monthly meetings, each divisional foreman conducts weekly on-site safety meeting (“toolbox talks”) to prevent any accidents from occurring on-site.