

# Technical Submittal Renovations to Cresson Hall Lincoln University

# Contract No. DGS C-1101-0054 Ph.1.3

**Plumbing Construction** 

Submitted by: Vision Mechanical, Inc. 135 Juniata St. West Reading, PA 19611

Contact: Eric P. Unger, Vice President

Phone: 610-376-6700 x240

Email: ericunger@visionmechanical.com

September 20, 2022

### **Letter of Introduction:**

Vision Mechanical, Inc. is a full-service merit shop contracting company serving central and eastern Pennsylvania since 2000, providing 24/7 service every day of the year.

Having started with 5 field employees in June of 2000, we've grown to where we currently employ a total of 25 field employees and anticipate continued growth. At Vision Mechanical, our employees become part of our family. We are proud to say that of our 35 employees, 12 of those employees have continued their career with us after completing their apprenticeship program. We also routinely promote from within, as four of our office employees started their careers in the field. We strive to embody our core values from our management team to our field team: Strong work ethic, Trustworthy, Teamwork, and Loyalty.

Safety is of the upmost priority at Vision Mechanical. All of our superintendents have received OSHA training and are certified as "competent" individuals via OSHA 30-hour training. Each one of our journeymen and apprentices receives OSHA 10-Hour training. Toolbox talks are conducted weekly and jobsite inspections are conducted on a random basis, without advanced notice to the project superintendent.

Vision Mechanical, Inc. takes great pride in its reputation for providing quality workmanship and value to our customers. Our market niche is largely the public sector; however, we've done everything from schools to factories, hospitals to high-end residential projects. Some of our more notable projects include the newly constructed West Chester University's Science and Engineering Center, two Stryker Brigades, and we've worked at numerous colleges and schools including two projects at Lincoln University. We have also worked alongside the Department of General Services on several projects throughout the years:

- DGS #1101-44.3 Lincoln University's Langston Library
- DGS #1101-41.3 Lincoln University's New Science & Technology Building
- DGS #408-64.3 Kutztown University's Renovation & Addition to Schaeffer Auditorium
- DGS #408-63.3 Kutztown University's Upgrade of Maint. Building & Heat Plant
- DGS #403-76.3, Phase 2 Cheney University's Humphreys Hall
- DGS #186-25.3 Jacobsburg Environmental Center (Northampton County)
- DGS #961-14.3, Phase 3 Phoenixville National Guard
- DGS #A 515-82.3 Wernersville Station Hospital/Water Purification Tank & Softening System
- DGS #414-70.3, Phase 1 West Chester University's Academic Classroom Project
- DGS #A 202-11.3 Reading State Police Headquarters
- DGS #515-28.3, Phase 1 Wernersville State Hospital/Patient Bathroom Renovations
- DGS #C-961-12.3, Phase 1 PA National Guard Facility (York County)
- DGS #C-0251-0038.3, Phase 1 PennDOT Maintenance Facility (Bucks County)
- DGS #C-0960-0079.3, Phase 1 Southeastern VA Center (Montgomery County)

### Other corporate highlights include:

- Master plumbing license in Pennsylvania (City of Reading #MP-2003)
- Recognized as a "National Standard Master Plumber/with Gas" via International Code Council
- Registered with Federal Central Contractor Registration database (CAGE code #5MHL3)
- Registered as a State of PA Home Improvement Contractor (Registration #PA007277)

Visional Mechanical has implemented a system whereby prior to mobilization, the project manager, project foreman and estimator sit down and review all drawings, specifications, purchase orders and subcontracts. This procedure enables all parties to anticipate and address potential challenges that may arise in order to reduce and eliminate problems that could impact our ability to do our job effectively could negatively affect the project budget. This procedure also allows us to identify issues that could negatively impact the project budget. In this manner we can work to address problems in a proactive manner with the goal of avoiding them altogether.

Isaiah Grim will spearhead our project team. Isaiah began his career as an apprentice and climbed the ranks to project foreman and earned the promotion to project manager. Isaiah's years of experience and expertise translate into an attention to detail with a strict adherence to the project specifications, drawings, schedule and budget.

Problems/conflicts/omissions discovered both prior to mobilization and during construction will be addressed as RFI's. All RFI's will be disseminated as per specifications and will include Vision Mechanical's project manager, estimator and foreman.

You may be assured that we understand that all prime contractors depend on one another to do their jobs with efficiency and with professionalism. We will endeavor to cooperate with all contractors on site and will work in a safe and courteous manner in order to bring the project to completion on time and will strive to exceed the owner's expectations. We are proud of the successful history we have with working with the Department of General Services and are hopeful to be selected as the Best Value plumbing contractor for this project.

### **PROJECT MANAGEMENT TEAM:**

Vision Mechanical's team will consist of the following individuals:

### Project Estimator/Purchasing Agent, Eric P. Unger:

Our project estimator plays the vital role of "introducing" the project to the rest of the company's construction team members. He is the individual with the most knowledge of the project at this stage of construction through his understanding and development of the project estimate through a painstaking review of the applicable drawings and specifications. With this said, Eric will bear the responsibility of purchasing materials that meet or exceed project specifications and will develop project-specific subcontracts. When complete, Vision Mechanical will have a project turnover meeting to introduce the project to our project manager and superintendent.

### **Project Manager, Isaiah Grim:**

After project turnover, the project manager will become the project's point of contact. He plays a vital role in overseeing coordination and installation of the project with Vision personnel and subcontractors. In addition, he also attends all owner/team meetings. It is his responsibility to make all necessary decisions on behalf of the company.

### Project Field Superintendent, Aaron L. Gaddy:

The Field Superintendent's role is to oversee the site plumbing installation, coordinate all required manpower, develop project-specific coordination drawings as well as coordinate any and all of Vision Mechanical's subcontractors. The Superintendent also has the responsibility of generating requests for information in order to identify project challenges or issues needing to be addressed.

### Project Coordinator, Katie L. Bodden:

Katie's responsibilities include maintaining the proper flow and integrity of project documentation such as the coordination or submittal data, RFI's, steel certification, LEED requirements, O & M manuals and all supporting paperwork between members of Vision Mechanical's project team. Vision Mechanical utilizes the Procore platform to provide accurate up to date information between the office and the field.

### TEAM EXPERIENCE PERFORMING WORK IN SIMILAR BUILDING TYPES

Our understanding of the project incorporates our extended experience and knowledge typically associated with a college/university project. This includes all systems ranging from acid waste, laboratory services, sanitary, stormwater, domestic water, gray water piping and various types of plumbing equipment (i.e., pumps, tanks, etc.). These types of systems and the services associated with their installation and routinely performed by our company.

We have been involved in numerous LEED projects, from bronze to gold-certified projects. We understand the importance of being a contracting partner, from kick-off to completion and are familiar with the necessary procedures and documentation associated with a LEED project.

Our team members' experience with multi-prime renovation projects is, we feel, second to none. We have successfully completed millions of dollars in multi-prime construction projects, ranging from less than \$100,000 to over \$5 million dollars. Our proposed project team has been working together for over twenty years and we have completed the following university/college building renovation projects together:

- Lincoln University Science Building
- West Chester University's Mitchell Hall
- Kutztown University Natatorium
- Kutztown University Schaeffer Auditorium
- Kutztown University Maintenance and Boiler Project
- Cheyney University WW Treatment Plant Upgrades
- Cheyney University Humphreys Hall
- Delaware County Community College Marple Campus
- Montgomery County Community College College Hall Building
- Bucks County Community College Workforce Development Center
- Alvernia College Various Renovations
- Albright College Various Renovations
- West Chester University's Science and Engineering Building
- Penn State University Luerssen Hall Renovations

As you can see, our project team has a vast amount of experience in this kind of plumbing construction. We understand the issue of cooperation among other prime contractors is a necessity in order to maintain

the project schedule. We believe we can bring the required expertise needed for the Cresson Hall project to ensure a successful and timely completion of the project.

### TEAM EXPERIENCE WITH INSULATION

Roughly 90% of the projects we are awarded includes insulation of piping. We have worked on several projects with our proposed insulator subcontractor, LC Insulations Inc., including the following:

- Ursinus College
- Fort Indiantown Gap Controlled Access Facility
- Bancroft Elementary School
- Penn State University Brandywine Campus

### TEAM EXPERIENCE WITH SPRINKLER SYSTEMS:

Vision Mechanical has vast experience with projects utilizing sprinkler systems. We know it is imperative to have this system coordinated with all other prime contractors in order to achieve proper field installation. We have worked on several projects with our proposed sprinkler subcontractor, Wayman Fire Protection where they have acted as our subcontractor including:

- Kutztown University South Dining Hall Renovations
- Coatesville Area School District

### **PROJECT OVERVIEW**

Vision Mechanical will provide all labor, equipment and material as required per contract documents. All work includes the following:

- Plumbing demolition
- Sanitary waste and vent systems
- Domestic cold and hot water systems
- Plumbing insulation
- Plumbing fixtures
- Hand Excavation
- Complete sprinkler design and installation
- Work to be coordinated through 3D coordination drawings
- All work will be tested and commissioned per contract documents for final turnover to owner.

### **MEETING MILESTONE DATES**

Vision Mechanical is proud of the reputation we have built through the years. VMI is very familiar with the requirement to meet milestone dates stated in project schedules as this is a requirement for the vast majority of projects we work on. VMI is committed to providing schedule information and updates

throughout a project as this is the only way to ensure a project is on time. VMI has always been involved in the scheduling process with great success. VMI also takes a committed role in helping to get projects back on schedule as well. Throughout the twenty-two years in business, VMI has never been a hindrance to progress on a project but has always been a great partner to complete a project on time. On a Multi-Prime project, clear communication is needed between the prime contractors to resolve any scheduling conflicts and to keep the project on track to be completed on time.

### **TEAM EXPERIENCE**

Vision Mechanical routinely works at educational facilities from elementary schools to colleges and universities. We've included a list of completed projects for your review that will indicate the volume of work and our many years of experience with installing plumbing systems in educational facilities. We also have worked on many hospital projects whose scope of work included a great deal of medical gas work necessitating specialized plumbing skills. We've worked on some pretty challenging projects such as science labs with various gas, acid waste and chemical piping systems. We have a great deal of experience with standard piping systems and exposed piping systems, such as those on this particular project including but not limited to:

Underground piping systems - Sanitary, storm and domestic water piping.

Aboveground piping systems - Sanitary, storm and domestic water piping.

Gas, argon, CO<sub>2</sub> and air systems (compressed air).

### Eric P. Unger: Vice President, Estimator

Having begun his career as an apprentice over 35 years ago, Eric and his brother founded Vision Mechanical in 2000. Eric worked out in the field for several years, so he's had the opportunity to see projects from start to finish. He's seen firsthand problems that can pop up and he's been part of the solution for those same problems. His approach to estimating is to look for all potential problems, from an actual construction/installation aspect as well as scheduling challenges, in order to proactively address both.

Eric has been the estimator on many DGS projects, such as West Chester University and Kutztown University. As such, Eric is familiar with the administrative and documentation, procedural and construction requirements of a DGS project. He is responsible for purchasing very nearly all materials and major equipment for his projects and coordinates delivery of the same with the project superintendent.

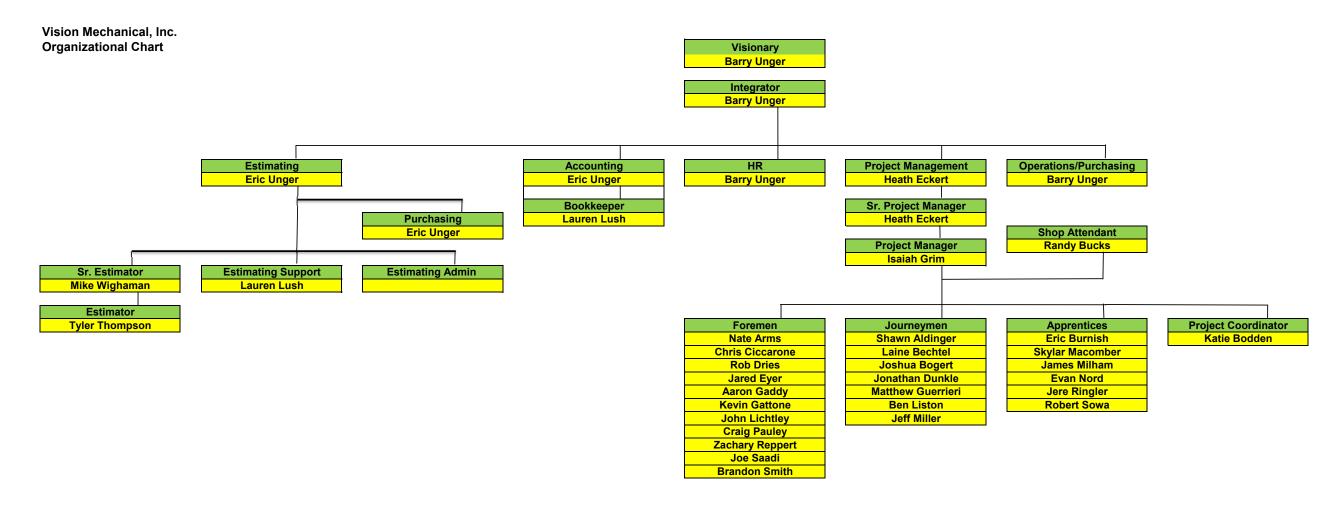
### Isaiah Grim: Project Manager

Isaiah Grim has worked his way up to project manager after having been the superintendent on many larger jobs, including Penn State University, West Chester University, and Carlisle School District. Isaiah will be the primary point of contact for this project. He will coordinate with the other prime contractors regarding schedule, manpower, safety, and any correspondence. You may expect nothing different in this regard. Isaiah started with Vision at our inception in 2000. Isaiah is one of the most hard-working and ethical people in the construction industry. Most recently, he successfully completed the West Chester University Sciences and Engineering Center. Isaiah is dedicated to delivering quality work to our customers.

### **Aaron Gaddy: Superintendent**

Aaron has worked for Vision for 17 years. Having graduated from Thaddeus Stevens Technical College, it's a point of pride for Aaron to be our project superintendent. In the early days of his plumbing career, Aaron worked as an apprentice under Isaiah Grim. His responsibilities would be the direct supervision of Vision's manpower on site, layout, delivery coordination, safety and quality. Aaron is a licensed Journeyman and has supervised many complex projects for Vision throughout the years.

Aaron was the project foreman for The Renovations at Humphrey Hall at Cheney University, the Construction of the Academic Classroom & Office Complex at West Chester University and South Dining Hall at Kutztown University. Aaron is familiar with the challenges of working on a DGS project (most recently at the PA National Guard Facility in York) as well as some of our larger projects and understands the documentation requirements on such jobs. Aaron is able to adapt to almost any project and brings a great deal of experience to jobs such as this. He most recently completed renovations at both the East and West King Street Fire Stations for the City of Lancaster. Aaron understands that our work dovetails with every other trade and that cooperation is paramount in order to ensure the successful completion of a job.



# APPENDIX F

# PRIME CONTRACTOR QUALIFICATION STATEMENT

### APPENDIX F

# PRIME CONTRACTOR QUALIFICATION STATEMENT

### **COVER SHEET**

DGS Project Name Lincoln University - Renovations to Cresson Hall
DGS Project Number DGS C-1101-0054 Phase 1
Check One:
X.Corporation,
Partnership,
Individual,
Joint Venture,
Other
Name of FirmVision Mechanical, Inc.
Address135 Juniata St. West Reading / PA 19611
Principal Office Same as above
Owner or Authorized Representative    Fric P Under Vice President

### **SECTION 1 – INFORMATION ON FIRM**

1.1 <u>Ba</u>	ackground Information
a)	How many years has the firm been in business?Twenty Two
b)	How many years has the firm been doing business in proposed contract field?
	Under what former names has the firm conducted business?  N/A
c)	Provide an <u>Attachment 1</u> 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 June 20, 2000  State of incorporation Pennsylvania  President's name Barry Unger  Vice President's name(s) Eric Unger  Secretary's name Eric Unger  Treasurer's name Eric Unger
e)	If the firm is a partnership, provide the following information:  Date of formation  Type of partnership  Names of partners
f)	If the firm is individually owned, provide the following information:  Date of formation  Name of owner
g)	If the form of the firm is other than those listed above, describe it and name the principals:

### **SECTION 2 - EXPERIENCE AND PERFORMANCE**

### 2.1 General

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

Year 2021 \$ 12,071,424 Year 2020 \$ 9,649,520 Year 2019 \$ 8,735,143

- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 90
- List the categories of work that the firm normally performs with its own forces on similar projects.

Plumbing piping, plumbing fixtures, plumbing equipment

### 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 email 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 <u>Attachment 3</u> 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:	2022	755
Year 2:	2021	.756

		Year 3:	2020	.773	<del></del>
	b)		ne firm's Total Lo ginning with the		ncidence Rate (LWDIR) for the past three /ear available:
		Year 1:	2021	2.890	_
		Year 2:	2020	0	_
		Year 3:	2019	0	_
			IR Rate = Num Worked	nber of Lost	Time Injuries & Illnesses x 200,000 ÷ Total
	c)	Provide th	ne firm's Recorda	able Incidenc	e Rate (RIR) for the past three years:
		Year 1:	2021	5.77	9
		Year 2:	2020	3.70	0
		Year 3:	2019	3.21	8
		*RIR	Rate = Number	of Injuries x 2	200,000 ÷ Total Hours Worked
		include th	e citation numbe	er, a brief des	eparate statement for any such violations and cription of the violation and the amount of urrent status of violation.
			SECTION	3 - REQUIRE	ED DISCLOSURES
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	res	NO <u>X</u> _
3.6		rm had any business or professional license, registration, certificate or certification d or revoked?
	Yes	No _X
3.7		liens been filed against the firm as a result of its failure to pay subcontractors, or workers?
	Yes	No <u>X</u>
3.8		rm been denied bonding or insurance coverage or been discontinued by a surety ce company?
	Yes	No <u>X</u>
3.9	antitrust la	rm been found in violation of any laws, including but not limited to contracting or aws, tax or licensing laws, labor or employment laws or environmental laws by a ion of a court or government agency?
	Yes	No X
	*Note: info	ormation regarding health and safety violations is addressed in a previous section.
3.10		rm or its owners, officers, directors or managers been the subject of any criminal tor criminal investigation concerning any aspect of the firm's business?
	Yes	No <u>X</u>
3.11	Has the fir	rm been the subject to any bankruptcy proceeding?
	Yes	No <u>X</u>

V-- N- V

### **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.

# Attachment #1

PA Contractors Certificate

Master Plumbing with Gas Examination

**Small Business Certification** 

City of Reading Trade License



THIS IS TO CERTIFY THAT

VISION MECHANICAL, INC. 135 JUNIATA STREET WEST READING PA 19611

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

7/3/2023

VALID UNTIL

PA007277

REGISTRATION NUMBER

SIGNATURE OF REGISTRATION (ERTIFICATE HOLDER

JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL



### OFFICIAL RESULTS REPORT

# National Standard Master Plumber with Gas



Name:

Barry Unger

Candidate ID:

BU749851

Address:

12 Hummingbird Road

Date:

1/27/2010

Wyomissing

PA 19610

### **EXAMINATION RESULT: PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. Please contact your participating jurisdiction if you wish to pursue licensing.

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 866-750-2579 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

### NOTICE OF SMALL BUSINESS SELF-CERTIFICATION



# The Department is pleased to announce that

### **VISION MECHANICAL INC**

has successfully completed the Pennsylvania Department of General Services' process for self-certification as a small business under the Commonwealth's Small Business Contracting Program, with the following designation:

### BUSINESS TYPE(s):

### **Construction Contractor**

CERTIFICATION NUMBER: 138127-2022-05-SB
CERTIFCATION TYPE: SMALL BUSINESS

ISSUE DATE: 05/18/2022 EXPIRATION DATE: 05/18/2024

RECERTIFIED DATE:

Kerry L. Kirkland, Deputy Secretary Bureau of Diversity, Inclusion & Small Business Opportunities

Kerry L-Kerkland



# CITY OF READING TRADES LICENSE

NON-TRANSFERRABLE

License No: MP2003

2022 PLUMBING TRADE LICENSE

Expiration Date: 12/31/2022

UNGER BARRY H 12 HUMMINGBIRD RD WYOMISSING PA 19610-0000

PAID

ENSEE'S SIGNATURE

E081

# Attachment #2

### **ATTACHMENT 2**

Dunata at 11111	Descriptions to Mattel all Hell (DOC HAAA 74 O Discret)
Project name:	Renovations to Mitchell Hall (DGS #414-71.3, Phase 1)
Type of project:	Facility renovations included the selective demolition and renovation of a
	four-story 35,582 square foot, cast-in-place concrete and masonry structure built
	in 1968; and included hazmat abatement, selective demo, site construction,
	concrete, cleaning of existing building exterior, pointing and repair of existing
	brickwork, membrane roofing, aluminum windows and entrance work, metal
	doors/frames, wood doors, finish hardware, glazing, metal stud/gwb partitions,
	interior finishes, building specialties, elevator modernization, and equipment; also
	included associated HVAC, plumbing, and electrical systems. This project had a
	goal of LEED rating of "Silver". Plumbing work (including fire protection),
	specifically included:
	1. Provided for limited "Selective Structure Demolition" for disconnects only of
	existing Plumbing systems as shown on phase 1.3 demolition drawings.
	Remainder of Plumbing demolition was by by Phase 1.1 contractor.
	2. Furnished and installed domestic cold water booster pump, piping, valves, and
	appurtenances.
	3. Furnished and installed electric domestic hot water heaters, piping, valves, and
	appurtenances.
	4. Furnished and installed sanitary sewer, vent, storm piping and appurtenances.
	5. Furnished and installed all toilet fixtures.
Lacation of president	6. Furnished and installed new sprinkler piping, heads, valves, and appurtenances.
Location of project:	West Chester University
	700 S High Street
Contact information:	West Chester, PA 19383  Dan Polzer, CIM
Contact information.	Department of General Services
	Tek Park Technology Campus
	9999 Hamilton Blvd., Suite 100
	Breinigsville, PA 18031
	Phone: (610) 737-9945
Original bid price:	\$426,000.00
Final contract price:	\$490,932.79
Projected completion:	January 1, 2015
Actual completion:	
Performance rating:	See attached.
2 2 12	
Project name:	Schaeffer Auditorium (Contract KUCC-0050.3)
Type of project:	Renovations and additions included a 14,000 square foot addition and upgrades to
	all building systems. We completed the necessary plumbing construction
	(including fire protection systems). New plumbing systems in the entire facility
	including:
	1. Gas service
	2. Plumbing fixtures at various toilets
	3. Electric water coolers
	4. Showers at dressing rooms
	5. Custodial mop sink/receptors
	6. Roof drain conductor system
	7. Foundation drain system
	8. Exterior fountain
	9. Fire protection system (sprinklers)

### **ATTACHMENT 2**

Location of project:	Kutztowa University
Location of project:	Kutztown University P.O. Box 730
	Kutztown, PA 19530
Contact information:	STV, Inv.
Contact information.	Mr. Jeff Mosser
	205 West Welsh Drive
	Douglassville, PA 19518
	Phone: (610) 385-8200
Original bid price:	\$778,000.00
Final contract price:	\$818,338.31
Projected completion:  Actual completion:	
•	July 29, 2013
Performance rating:	See attached.
Project name:	Luerssen Hall Renovations (Project No. 00-02225.00, DGS No. 800-292)
Project name:  Type of project:	Renovation work on the plumbing contract (including fire protection system)
Type of project.	included, but was not limited to, the following:
	Site water supply and distribution.
	Site water supply and distribution.     Site sanitary sewerage.
	3. Site storm drainage.
	4. Site fuel distribution.
	5. Site special plumbing systems.
	6. Plumbing fixtures.
	7. Domestic water distribution.
	8. Sanitary waste.
	9. Stormwater drainage.
	10. Special plumbing systems, including the following:
	a. Compressed air.
	b. Deionized water.
	c. Distilled water.
	d. Fuel oil.
	e. Natural gas.
	f. Medical gas.
	g. Vacuum.
	h. Acid waste.
	11. Fire-suppression systems.
	12. Special fire-suppression systems, including the following:
	a. Foam fire-extinguishing systems.
	b. Clean-agent extinguishing systems.
	13. Plumbing connections to equipment furnished by the General Construction
	Contract, Plumbing Contract, HVAC Contract and Electrical Contract
Location of project:	Penn State University's Berks Campus
ļ <b>,</b>	Tulpehocken Road
	Spring Township
	Reading, PA 19610

### **ATTACHMENT 2**

Contact information:	Pennsylvania State University, Berks Campus
	Mr. Mark Dawson, Assistant Director of Operations
	P.O. Box 7009, Tulpehocken Road
	Reading, PA 19610
	Phone: (610) 396-6373
Original bid price:	\$1,032,250.00
Final contract price:	\$1,238,546.68
Projected completion:	December 11, 2015
Actual completion:	June 4, 2015
Performance rating:	See attached

 From:
 Polzer, Daniel

 To:
 Lauren Lush

 Cc:
 Katie Bodden

Subject: RE: [External] Looking for a brief performance review/reference letter to submit for KU"s DeFrancesco Building -

bid due tomorrow

**Date:** Tuesday, May 4, 2021 12:34:47 PM

Lauren,

After reading this e-mail I (As The Owner's Representative) would give Vision Mechanical an EXELLENT PERFORMANCE RATING in all categories indicated and look forward to having them on the projects that I'm involved in for the Bureau of Capital Projects Construction.

Daniel Polzer¦Construction Project Manager
Department of General Services¦Public Works¦Bureau of Capital Projects Construction
1 Tek Park, Suite 100 ¦9999 Hamilton Blvd. ¦Breinigsville, PA 18031
Telephone: 610-871-0233 ¦Cell: 610-737-9945
<a href="mailto:dpolzer@pa.gov">dpolzer@pa.gov</a> | www.dgs.pa.gov

At DGS, our mission is to help government operate more efficiently, effectively, and safely, delivering exceptional value for all Pennsylvanians.

From: <u>Jeff</u>

To: <u>Lauren Lush</u>

**Subject:** Re: KU"s DeFrancesco Building bid due tomorrow

**Date:** Tuesday, May 4, 2021 9:52:10 PM

### Lauren:

I am pleased to respond to your request for comments regarding Vision Mechanical's performance on the Schaeffer Auditorium project at Kutztown University.

As with past projects completed at Kutztown University, Vision Mechanical has been the consummate professional and a willing teammate ready to meet each challenge head on. With Schaeffer Auditorium, a most complex project, Vision Mechanical was always proactive, offering suggestions for the good of the project and maintaining a safe work environment. Change orders were negotiated fairly and kept to a minimum while completing the work on time and within budget. As the University's on site representative I would strongly recommend Vision Mechanical for any plumbing and fire protection project. Any questions or comments please call 610-780-2424.

Jeffrey S. Mosser Project Director and Associate STV Construction, Inc.

# Attachment #3

**OSHA** Forms

# **Employer History**

State: PA

Bureau File Number: 3050128

Employer Name: Vision Mechanical Inc

Address: 135 Juniata St

West Reading Pa 19611

Effective Date: 12/31/2019 Go To Effective Date

Expiration Date: 12/31/2020

Issue Date: 09/03/2019

Experience Mod: .773

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	Most Current Effective Date 1	1	Next Effective Date 1	П	Rating History	i Ciose i	Print	
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### \*\*Authorized Classes\*\*

Class	Rating Value	Description			
0663	2.69	Plumbing			
0951	.20	Salesperson -	Outsi	de	
0953	.08	Office			
9046	.15	Construction C	Class	Premium	Cred.



ACTUAL LOSSES

EXPECTED LOSSES

## PENNSYLVANIA COMPENSATION RATING BUREAU

EXPERIENCE RATING CALCULATION

							WCL924	68640	0		3050128
VISIO	N MECHAN	ICAL INC					POLICY	NUMBE	R	FI	ILE NO.
135 л	UNIATA S	т							34	12	2/31/20
WEST	READING		PA 19611	BERKS	co.				CARR.	EFF	DT OF RATING
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ACTUAL LO	DSSES										
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PART :	II										
EXHIBIT OF	LOSSES										
SUBJECT TO I											
VALUE	S										ISSUE DATE
		TOTAL									10/30/20
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OF	951	18	241,874		.13		314 922		951		.17
PAYROLLS,	951		605,948				922		951		.17
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		17	457,817		.07		320				
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AND											
RATING											
VALUES											
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CREDIBILITY LIMIT CHARGE

1.000-C

IND. MOD

FINAL MOD



Insurance & Bonding Risk Management Health Benefits Third-Party Administration Wealth Management

murrayins.com

1/6/2022

Lauren Lush Vision Mechanical, Inc. 135 Juniata Street West Reading PA 19611

RE: 2021EMR

Dear Lauren:

Please be advised your Experience Modification Factor effective 12/31/2021 is .755.

If you have any questions or concerns, please let me know.

Sincerely,

Aimee Reinhart

Enclosure(s)

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

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.

City

Establishment name

West Reading



### U.S. Department of Labor

Occupational Safety and Health Administration

State Pennsylvania

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.

Form approved OMB no. 1218-0176

Vision Mechanical, Inc.

								City	West Readi	iig		_ State	T CIII	isyivai	ıa	
lo	dentify the person			Describe t	he case	Class	ify the cas	е								
(A) (B) Case Employee's Name No.		(C) (D) (E) (F)			Using these categories, check ONLY the most serious result for each case:			Enter the number of days the injured or ill worker was:		Check the "injury" column or choone type of illness:			n or cho	ose		
			illness (mo./day)		acetylene torch)	Death Days away from work Rema		Remained at work		On job transfer or restriction	transfer or work		isorder atory ion		guir	er illnesse
								Job transfer or restriction		(days)		Injury	- Skin Disor	Respirator Condition	Poisoning	All other
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
	lere Ringler	Apprentice	3/11/2021	WCU - Science Building	Cut ring finger on left hand				Х			Х	—			
2 J	ames Milham	Apprentice	8/19/21	Lower Merion Middle School	Cut left palm		Х					Х	<u> </u>	<u> </u>		
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Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

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Page 1 of 1 (3)

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to

completed forms to this office.

# 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 days away from work  1  (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases  1 (J)
Number of Days			
Total number of days of job transfer or restriction 1 (K)		Total number of days away from work  1 (L)	_
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory Condition	2 0 0	<ul><li>(4) Poisoning</li><li>(5) All other illnesses</li></ul>	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 office.

Your e	stablishment name	Vision Mechanical	, Inc.		
Street	135 Juniata Street				
City	West Reading		State	PA	Zip <u>19611</u>
Indust	ry description (e.g., M		truck trailers)		
Standa	ard Industrial Classifi		n (e.g., SIC 37	'15)	
Empl	loyment informa	tion			
Annua	l average number of	employees	37		
Total h	nours worked by all e	mployees last year	69216		
Sign	here				
Knowi	ngly falsifying this do	cument may result in	a fine.		
	y that I have examine are true, accurate, a		I that to the be	est of my kno	wledge the
Katie L	Bodden			<u>P</u>	roject Admin
	Compa	any executive			Title
(610)	376-6700			_	1/15/2022
		Phone			Date

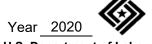
# OSHA's Form 300 Log of Work-Related Injuries and Illnesses

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.

City

Establishment name

West Reading



### U.S. Department of Labor

Occupational Safety and Health Administration

State Pennsylvania

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.

Form approved OMB no. 1218-0176

Vision Mechanical, Inc.

lde	entify the person			Describe	the case	Class	ify the case	е								
se	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(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		hese categori result for eac	ies, check ONL ch case:	Y the most	Enter the nu the injured o was:	ımber of days or ill worker	Check the			n or che	oose
		,	onset of illness (mo./day)	,	(e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remair	ned at work	On job transfer or restriction	Away from work (days)	(M)	Disorder	Respiratory Condition	ning	
							4.0	or restriction	Other recordable cases	(days)		lnjury	Skin Disor		Poisoning	1
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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.

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Poisoning Poisoning

Page 1 of 1

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



Form approved OMB no. 1218-0176

Occupational Safety and Health Administration

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  0 (G)	Total number of cases with days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases  (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 T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory Condition	1 0	<ul><li>(4) Poisoning</li><li>(5) All other illnesses</li></ul>	0

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Your	establishment name	Vision Mechanic	al, Inc.			
Stree	t 135 Juniata Street					
	-					
City	West Reading		State	PA	Zip1	19611
Indus	try description (e.g., N Plumbing contracto		or truck trailers)			
Stand	lard Industrial Classifi	cation (SIC), if know	wn (e.g., SIC 37	'15)		
	17	1 1				
Emp	loyment informa	tion				
Annu	al average number of	employees	36			
			54044			
Total	hours worked by all e	mpioyees iast year	54041			
Total	hours worked by all e	mpioyees last year	54041			
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	hours worked by all e	mpioyees last year	54041			
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Sign Know I certi entrie Katie	I here  ingly falsifying this do  fy that I have examine s are true, accurate, a	cument may result ed this document a and complete.	in a fine.		Project Admin	

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

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Form approved OMB no. 1218-0176

Vision Mechanical, Inc.

	Identify the person			Describe	the case	Class	ify the case	2								
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(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	Using t	•	es, check ONL	Y the most	Enter the nuthe injured owas:	umber of days or ill worker	Check the			n or chc	ose
NO.		Weidel	onset of illness (mo./day)	Loading dock north end)	(e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work	Job transfer	ed at work  Other recordable cases  (J)	On job transfer or restriction (days)	Away from work (days)	(M) Viniul (1)	(c) Skin Disorder	Respiratory Condition	(4) Poisoning	(G) All other illnesses
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Be sure to transfer these totals to the Summary page (Form 300A) before you post

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Page 1 of 1

(2) (3) (4)

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



Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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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 days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases  (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 T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory Condition	0 0	<ul><li>(4) Poisoning</li><li>(5) All other illnesses</li></ul>	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 office.

Your	establishment name <u>Vision Mechanical, In</u>	IC.			
Street	135 Juniata Street				
City	West Reading	State _	PA	Zip	19611
Indus	ry description (e.g., Manufacture of motor tru Plumbing contractor	ıck trailers)			
Stand	ard Industrial Classification (SIC), if known (e	∍.g., SIC 37 <sup>-</sup>	15)		
Emp	loyment information				
Annua	al average number of employees	36			
Total	nours worked by all employees last year	62147			
Sign	here				
Know	ngly falsifying this document may result in a	fine.			
	y that I have examined this document and th s are true, accurate, and complete.	at to the be	st of my k	nowledge th	ie
entrie	L. Bodden			Project Adr	
entrie	•			Project Adr Title	
entrie Katie	L. Bodden				е

### APPENDIX G

# DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

### APPENDIX G DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

### **COVER SHEET**

DGS Project Name_	Lincoln University - Renovations to Cresson Hall
DGS Project Numbe	erDGS C-1101-0054_Phase 1
one "Designated C	FICAL WORK: For proper evaluation, the Proposer MUST submit at least critical Work Qualification Statement" for each Work item listed in T-1C contract. NOTE: The selected Proposer shall enter subcontracts with tractor in T-1C.
Check <u>One</u> Work ite	m for which this Qualification Statement is being submitted:
General Construct	ion (.1 contract)
MasonrySlate RoofinInterior & E	ng xterior Millwork
Geothermal	usting and Balancing
	ction (.3 contract) s & Alarm Systems on Systems with pumps
Electrical Construction  Audio Visua  Security Sys	al Control of the Con
	ion Mechanical, Inc. 5 Juniata St. West Reading, Pa 19611
Principal Office <u>13</u>	5 Juniata St. West Reading, Pa 19611
Owner or Authorized	d Representative — Fric P. Unger, Vice President

### **SECTION 1 – FIRM INFORMATION**

1.1	Bac	ckground Information	
	a)	How many years has the fi	rm been in business?Twenty Two
	b)	How many years has the fi	rm been doing business in proposed contract field? 22
		Under what former names	has the firm conducted business?
		N/A	
			<del></del>
	c)	Identify all jurisdictions in w	which the firm is licensed or otherwise qualified to do business.
	,	State of Pennsylvania	·
	d)	If the firm is a corporation,	provide the following information:
		Date of incorporation	June 20, 2000
		State of incorporation	Pennsylvania
		President's name	Barry H Unger
		Vice President's name(s)_	Eric P Unger
		Secretary's name	Eric P Unger
		Treasurer's name	Eric P Unger
	,		
	e)		provide the following information:
		Names of partners	
	f)	If the firm is individually ow	ned, provide the following information:
		Date of formation	
		Name of owner	
	g)	If the form of the firm is oth principals:	er than those listed above, describe it and name the

### <u>SECTION 2 - EXPERIENCE AND PERFORMANCE</u>

#### 2.1 General

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

Year 2021 \$ 12,071,424 Year 2020 \$ 9,649,520 Year 2019 \$ 8,735,143

- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 90
- List the categories of work that the firm normally performs with its own forces on similar projects.
   Plumbing piping, plumbing fixtures, plumbing equipment

#### 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 email 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 <u>Attachment 2</u> 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:	2022	755
Year 2:	2021	.756

		Year 3:	2020	.773	_
	b)		e firm's Total Lo		ncidence Rate (LWDIR) for the past three ear available:
		Year 1:	2021	2.890	_
		Year 2:	2020	0	_
		Year 3:	2019	0	_
			Rate = Nun Worked	nber of Lost	Time Injuries & Illnesses x 200,000 ÷ Total
	c)	Provide the	firm's Record	able Incidence	Rate (RIR) for the past three years:
		Year 1:	2021	5.779	_
		Year 2:	_2020	3.700	_
		Year 3:	2019	3.218	_
		*RIR F	Rate = Number	of Injuries x 2	00,000 ÷ Total Hours Worked
	d)	safety citati issued in th include the	ions issued by ne past 3 years citation numbe	federal or stat . Include a seer, a brief desc	lifications Statement a list of any health or e agencies for serious or willful violations parate statement for any such violations and cription of the violation and the amount of rrent status of violation.  N/A
			SECTION 3	- REQUIRE	ED DISCLOSURES
ques Qual deta	stion is lificatio ils cor	answered ns Statemer ncerning the	in the affirmant, for each aff	ative, the firm firmative answuestion, inclu	h regard to the past three (3) years. If any a shall submit in an <u>Attachment 5</u> to this ver, a written explanation which shall provide ding applicable dates, locations, names of ch matter.
3.1			ly debarred or agency or priv		om doing business with any federal, state or
	Yes _	No <u>X</u> _	-		
3.2			been debarred ent agency or p		d from doing business with any federal, state
	Yes _	No <u>X</u> _	-		
3.3			ly or has the fir ocal governmer		wise prohibited from doing business with any rivate entity?
	Yes _	No <u>_</u> X_	-		
3.4	respo	nsible, or otl		ed ineligible to	including short listing), declared non- submit bids or proposals for work by any rivate entity?
	Yes _	No <u>X</u> _	-		
3.5				minated for ca	use or otherwise failed to complete any
	projec	ot that it was	awarded?	milated for ea	, , , , , , , , , , , , , , , , , , , ,

	Yes	No <u>X</u>
3.6		rm been assessed or required to pay liquidated damages in connection with work don any project?
	Yes	No <u>X</u>
3.7		rm had any business or professional license, registration, certificate or certification d or revoked?
	Yes	No <u>X</u>
3.8	•	liens been filed against the firm as a result of its failure to pay subcontractors, or workers?
	Yes	No <u>X</u>
3.9		rm been denied bonding or insurance coverage or been discontinued by a surety ce company?
	Yes	No <u>X</u>
3.10	antitrust la	rm been found in violation of any laws, including but not limited to contracting or aws, tax or licensing laws, labor or employment laws or environmental laws by a ion of a court or government agency?
	Yes	No _X_
	*Note: info	ormation regarding health and safety violations is addressed in a previous section.
3.11		rm or its owners, officers, directors or managers been the subject of any criminal tor criminal investigation concerning any aspect of the firm's business?
	Yes	No _X_
3.12	Has the fin	rm been the subject to any bankruptcy proceeding? No <u>X</u>

### **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.

### Attachment #1

PA Contractors Certificate

Master Plumbing with Gas Examination

**Small Business Certification** 

City of Reading Trade License



THIS IS TO CERTIFY THAT

VISION MECHANICAL, INC. 135 JUNIATA STREET WEST READING PA 19611

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

7/3/2023

VALID UNTIL

PA007277

REGISTRATION NUMBER

SIGNATURE OF REGISTRATION (ERTIFICATE HOLDER

JOSH SHAPIRO, PENNSYLVANIA ATTORNEY GENERAL



### OFFICIAL RESULTS REPORT

### National Standard Master Plumber with Gas



Name:

Barry Unger

Candidate ID:

BU749851

Address:

12 Hummingbird Road

Date:

1/27/2010

Wyomissing

PA 19610

### **EXAMINATION RESULT: PASS**

Congratulations! You have passed the above-named examination. You will be able to verify your pass status on the ICC website within 48-72 business hours after your exam. Please contact your participating jurisdiction if you wish to pursue licensing.

A passing score on this examination satisfies the testing requirements for licensure only, and does not guarantee that licensing will be granted. The candidate must also satisfy all local ordinance requirements in each jurisdiction where licensing is desired.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of future correspondence not being received. Please contact both Pearson VUE at 877-234-6082 and ICC at 866-750-2579 with changes to your name and address.

ICC reserves the right to amend or withhold any examination scores if, in its sole opinion, there is adequate reason to question their validity.

### NOTICE OF SMALL BUSINESS SELF-CERTIFICATION



### The Department is pleased to announce that

#### **VISION MECHANICAL INC**

has successfully completed the Pennsylvania Department of General Services' process for self-certification as a small business under the Commonwealth's Small Business Contracting Program, with the following designation:

#### BUSINESS TYPE(s):

#### **Construction Contractor**

CERTIFICATION NUMBER: 138127-2022-05-SB
CERTIFCATION TYPE: SMALL BUSINESS

ISSUE DATE: 05/18/2022 EXPIRATION DATE: 05/18/2024

RECERTIFIED DATE:

Kerry L. Kirkland, Deputy Secretary Bureau of Diversity, Inclusion & Small Business Opportunities

Kerry L-Kerkland



## CITY OF READING TRADES LICENSE

NON-TRANSFERRABLE

License No: MP2003

2022 PLUMBING TRADE LICENSE

Expiration Date: 12/31/2022

UNGER BARRY H 12 HUMMINGBIRD RD WYOMISSING PA 19610-0000

PAID

DENSEE'S SIGNATURE

E081

### Attachment #2

### **ATTACHMENT 2**

Dunata at 11111	Descriptions to Mattel all Hell (DOC HAAA 74 O Discret)
Project name:	Renovations to Mitchell Hall (DGS #414-71.3, Phase 1)
Type of project:	Facility renovations included the selective demolition and renovation of a
	four-story 35,582 square foot, cast-in-place concrete and masonry structure built
	in 1968; and included hazmat abatement, selective demo, site construction,
	concrete, cleaning of existing building exterior, pointing and repair of existing
	brickwork, membrane roofing, aluminum windows and entrance work, metal
	doors/frames, wood doors, finish hardware, glazing, metal stud/gwb partitions,
	interior finishes, building specialties, elevator modernization, and equipment; also
	included associated HVAC, plumbing, and electrical systems. This project had a
	goal of LEED rating of "Silver". Plumbing work (including fire protection),
	specifically included:
	1. Provided for limited "Selective Structure Demolition" for disconnects only of
	existing Plumbing systems as shown on phase 1.3 demolition drawings.
	Remainder of Plumbing demolition was by by Phase 1.1 contractor.
	2. Furnished and installed domestic cold water booster pump, piping, valves, and
	appurtenances.
	3. Furnished and installed electric domestic hot water heaters, piping, valves, and
	appurtenances.
	4. Furnished and installed sanitary sewer, vent, storm piping and appurtenances.
	5. Furnished and installed all toilet fixtures.
Lacation of president	6. Furnished and installed new sprinkler piping, heads, valves, and appurtenances.
Location of project:	West Chester University
	700 S High Street
Contact information:	West Chester, PA 19383  Dan Polzer, CIM
Contact information.	Department of General Services
	Tek Park Technology Campus
	9999 Hamilton Blvd., Suite 100
	Breinigsville, PA 18031
	Phone: (610) 737-9945
Original bid price:	\$426,000.00
Final contract price:	\$490,932.79
Projected completion:	January 1, 2015
Actual completion:	
Performance rating:	See attached.
2 2 12	
Project name:	Schaeffer Auditorium (Contract KUCC-0050.3)
Type of project:	Renovations and additions included a 14,000 square foot addition and upgrades to
	all building systems. We completed the necessary plumbing construction
	(including fire protection systems). New plumbing systems in the entire facility
	including:
	1. Gas service
	2. Plumbing fixtures at various toilets
	3. Electric water coolers
	4. Showers at dressing rooms
	5. Custodial mop sink/receptors
	6. Roof drain conductor system
	7. Foundation drain system
	8. Exterior fountain
	9. Fire protection system (sprinklers)

### **ATTACHMENT 2**

Location of project:	Kutztowa University
Location of project:	Kutztown University P.O. Box 730
	Kutztown, PA 19530
Contact information:	STV, Inv.
Contact information.	Mr. Jeff Mosser
	205 West Welsh Drive
	Douglassville, PA 19518
	Phone: (610) 385-8200
Original bid price:	\$778,000.00
Final contract price:	\$818,338.31
Projected completion:  Actual completion:	
•	July 29, 2013
Performance rating:	See attached.
Project name:	Luerssen Hall Renovations (Project No. 00-02225.00, DGS No. 800-292)
Project name:  Type of project:	Renovation work on the plumbing contract (including fire protection system)
Type of project.	included, but was not limited to, the following:
	Site water supply and distribution.
	Site water supply and distribution.     Site sanitary sewerage.
	3. Site storm drainage.
	4. Site fuel distribution.
	5. Site special plumbing systems.
	6. Plumbing fixtures.
	7. Domestic water distribution.
	8. Sanitary waste.
	9. Stormwater drainage.
	10. Special plumbing systems, including the following:
	a. Compressed air.
	b. Deionized water.
	c. Distilled water.
	d. Fuel oil.
	e. Natural gas.
	f. Medical gas.
	g. Vacuum.
	h. Acid waste.
	11. Fire-suppression systems.
	12. Special fire-suppression systems, including the following:
	a. Foam fire-extinguishing systems.
	b. Clean-agent extinguishing systems.
	13. Plumbing connections to equipment furnished by the General Construction
	Contract, Plumbing Contract, HVAC Contract and Electrical Contract
Location of project:	Penn State University's Berks Campus
ļ <b>,</b>	Tulpehocken Road
	Spring Township
	Reading, PA 19610

### **ATTACHMENT 2**

Contact information:	Pennsylvania State University, Berks Campus
	Mr. Mark Dawson, Assistant Director of Operations
	P.O. Box 7009, Tulpehocken Road
	Reading, PA 19610
	Phone: (610) 396-6373
Original bid price:	\$1,032,250.00
Final contract price:	\$1,238,546.68
Projected completion:	December 11, 2015
Actual completion:	June 4, 2015
Performance rating:	See attached

 From:
 Polzer, Daniel

 To:
 Lauren Lush

 Cc:
 Katie Bodden

Subject: RE: [External] Looking for a brief performance review/reference letter to submit for KU"s DeFrancesco Building -

bid due tomorrow

**Date:** Tuesday, May 4, 2021 12:34:47 PM

Lauren,

After reading this e-mail I (As The Owner's Representative) would give Vision Mechanical an EXELLENT PERFORMANCE RATING in all categories indicated and look forward to having them on the projects that I'm involved in for the Bureau of Capital Projects Construction.

Daniel Polzer¦Construction Project Manager
Department of General Services¦Public Works¦Bureau of Capital Projects Construction
1 Tek Park, Suite 100 ¦9999 Hamilton Blvd. ¦Breinigsville, PA 18031
Telephone: 610-871-0233 ¦Cell: 610-737-9945
<a href="mailto:dpolzer@pa.gov">dpolzer@pa.gov</a> ¦www.dgs.pa.gov

At DGS, our mission is to help government operate more efficiently, effectively, and safely, delivering exceptional value for all Pennsylvanians.

From: <u>Jeff</u>

To: <u>Lauren Lush</u>

**Subject:** Re: KU"s DeFrancesco Building bid due tomorrow

**Date:** Tuesday, May 4, 2021 9:52:10 PM

#### Lauren:

I am pleased to respond to your request for comments regarding Vision Mechanical's performance on the Schaeffer Auditorium project at Kutztown University.

As with past projects completed at Kutztown University, Vision Mechanical has been the consummate professional and a willing teammate ready to meet each challenge head on. With Schaeffer Auditorium, a most complex project, Vision Mechanical was always proactive, offering suggestions for the good of the project and maintaining a safe work environment. Change orders were negotiated fairly and kept to a minimum while completing the work on time and within budget. As the University's on site representative I would strongly recommend Vision Mechanical for any plumbing and fire protection project. Any questions or comments please call 610-780-2424.

Jeffrey S. Mosser Project Director and Associate STV Construction, Inc.

### Attachment #3

**OSHA Forms** 

### **Employer History**

State: PA

Bureau File Number: 3050128

Employer Name: Vision Mechanical Inc

Address: 135 Juniata St

West Reading Pa 19611

Effective Date: 12/31/2019 Go To Effective Date

Expiration Date: 12/31/2020

Issue Date: 09/03/2019

Experience Mod: .773

14 10 15 15 D	N Em. D D	D-0	01	Date I
Most Current Effective Date	Next Effective Date	Rating History	Close	Print

#### \*\*Authorized Classes\*\*

Class	Rating Value	Description			
0663	2.69	Plumbing			
0951	.20	Salesperson -	Outsi	de	
0953	.08	Office			
9046	.15	Construction C	Class	Premium	Cred.



ACTUAL LOSSES

### PENNSYLVANIA COMPENSATION RATING BUREAU

EXPERIENCE RATING CALCULATION

							WCL924	68640	0		3050128
VISIO	N MECHAN	ICAL INC	:				POLICY	NUMBE	R	F:	ILE NO.
135 Л	UNIATA S	T							34	12	2/31/20
WEST 1	READING		PA 19611	BERKS	co.				CARR.	EFF	DT OF RATING
		POLICY		SES AS REI		D TOT	FAL	LOSS	ES AS L	JSED	
		YEAR 17	INDEMNITY	MEDICA	L 105	101	105		(A)	.05	1
PART	I	18			415		415			15	
EXHIBIT	OF	-		,					-		
ACTUAL LO	OSSES										
											_
		TOTAL			520		520			20	
		POLICY YEAR	CLAIM Number	MULT. ACC.	TYPE INJ*	LOSSE REPO		L	OSSES A USED	S	]
PART :	II										
EXHIBIT OF											
_											
SUBJECT TO I	LIMITING										
VALUE	s										ISSUE DATE
		TOTAL									10/30/20
LCLASS		*1 - DEATH ; 2 - PERM		1. TOTAL;3 - MAJOR; 4			- MINOR; 5 - TEMPORA		ARY		
	CLASS CODE	POLICY YEAR	PAYROLLS	EXPECTE LOSS FAC		EXPE			THORIZE		AUTHORIZED RATING VALUE
		16	1,590,425		. 04		2,445				
		17	1,366,146		.86		5,410				
		18	1,685,209		. 44		4,267				
		18	67,654	1	.86		1,258				
	663		4,709,434			83	3,380		663		2.33
PART III			104 000		10		005				
EXHIBIT		16	124,800 239,274		.18 .16		225 383				
		18	241,874		.13		314				
OF	951	-	605,948	,	•		922		951		.17
PAYROLLS,											
EXPECTED		16	402,319		.08		322				
LOSSES,		17 18	457,817 513,329		.07 .05		320 257				
AUTHORIZED	953	"	1,373,465	,	. 05		899		953		.07
CLASSES								9	046		.14
AND											
RATING											
VALUES											
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	A	520	E	85,201	С	.511	L*C	.264		. 489	.756		.756
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EXPECTED LOSSES | CREDIBILITY | LIMIT CHARGE

IND. MOD

FINAL MOD



Insurance & Bonding Risk Management Health Benefits Third-Party Administration Wealth Management

murrayins.com

1/6/2022

Lauren Lush Vision Mechanical, Inc. 135 Juniata Street West Reading PA 19611

RE: 2021EMR

Dear Lauren:

Please be advised your Experience Modification Factor effective 12/31/2021 is .755.

If you have any questions or concerns, please let me know.

Sincerely,

Aimee Reinhart

Enclosure(s)

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

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.

City

Establishment name

West Reading



#### U.S. Department of Labor

Form approved OMB no. 1218-0176

Occupational Safety and Health Administration

State Pennsylvania

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.

Vision Mechanical, Inc.

I	dentify the person			Describe	the case	Class	ify the case	Э								
) ;e	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or	(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		hese categori	es, check ONL ch case:	Y the most	Enter the nu the injured o was:	ımber of days or ill worker	Check the			ın or cho	oose
		,	onset of illness (mo./day)	,	(e.g. Second degree burns on right forearm from acetylene torch)	Death	from work	Remained at work		On job transfer or restriction		(M)	Disorder	ratory tion	guir	
								or restriction	Other record- able cases	(days)		Injury	- Skin Disor	- Respiratory Condition	Poisoning	
4						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	
_	Jere Ringler	Apprentice		WCU - Science Building	Cut ring finger on left hand				Х			Х				+
3	James Milham	Apprentice	8/19/21	Lower Merion Middle School	Cut left palm		Х					Х				+
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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.

Skin Disorder (3)

Page 1 of 1

### 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 days away from work  1  (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases  1 (J)
Number of Days			
Total number of days of job transfer or restriction 1 (K)		Total number of days away from work  1 (L)	_
Injury and Illness T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory Condition	2 0	<ul><li>(4) Poisoning</li><li>(5) All other illnesses</li></ul>	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 office.

Your e	establishment name	Vision Mechanical,	Inc.		
Street	135 Juniata Street				
City	West Reading		State	PA	Zip <u>19611</u>
Indust	ry description (e.g., N	fanufacture of motor	truck trailers)		
Standa	ard Industrial Classifi	cation (SIC), if known	(e.g., SIC 37	'15)	
Emp	loyment informa	tion			
Annua	al average number of	employees	37		
Total h	nours worked by all e	mployees last year	69216		
Sign	here				
Knowi	ngly falsifying this do	cument may result in	a fine.		
	y that I have examine s are true, accurate, a	ed this document and and complete.	that to the be	est of my kn	owledge the
Katie I	L. Bodden			<u>1</u>	Project Admin
	Compa	ny executive			Title
(610)	376-6700	D		=	1/15/2022
		Phone			Date

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

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.

City

Establishment name

West Reading



#### U.S. Department of Labor

Form approved OMB no. 1218-0176

Occupational Safety and Health Administration

State Pennsylvania

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.

Vision Mechanical, Inc.

I	dentify the person			Describe	the case	Class	ify the case	е								
(A) Case No.	(B) Employee's Name			Using these categories, check ONLY the most serious result for each case:			Enter the number of days the injured or ill worker was:		Check the "injury" column or chocone type of illness:			ose				
NO.		weider)	onset of illness (mo./day)	Loading dock north end)	.g. Second degree burns on right forearm from cetylene torch)		Days away from work	Remair	Other recordable cases	On job transfer or restriction (days)	Away from work (days)	(M)	Skin Disorder	Respiratory Condition	Poisoning	All other illnesses
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
1	Rob Sowa	Apprentice	5/6/2020	MCIU	Debri in left eye	0	0	0	1	0	0	1	0	0	0	0
2																<del></del>
3																
																<del> </del>
	·															<u> </u>
										-						<del>                                     </del>
-																·
		•	•	•	Page totals	0	0	0	0	0	0	0	0	0	0	0

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the 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.

Page 1 of 1 (1) (2) (3)

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



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 days away from work 0 (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases  1 (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 T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory Condition	1 0	(4) Poisoning (5) All other illnesses	0

#### 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 name Vision Mecha	nical, Inc.		
Street	135 Juniata Street			
City	West Reading	State	PA	Zip19611
Indust	try description (e.g., Manufacture of n Plumbing contractor	notor truck trailers	)	
Stand	ard Industrial Classification (SIC), if k	known (e.g., SIC 3	715)	
Emp	loyment information			
Annua	al average number of employees	36		
Total	hours worked by all employees last y	ear <u>54041</u>		
Sign	here			
Know	ingly falsifying this document may res	sult in a fine.		
	fy that I have examined this documen s are true, accurate, and complete.	it and that to the b	est of my kn	owledge the
Katie	L. Bodden  Company executive		<u> </u>	Project Admin Title
(610)	376-6700			1/9/2021

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

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.

City

Establishment name

West Reading



#### U.S. Department of Labor

Occupational Safety and Health Administration

State Pennsylvania

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.

Form approved OMB no. 1218-0176

Vision Mechanical, Inc.

ŀ	dentify the person			Describe	the case	Class	ify the case	е								
(A) Case	(B) Employee's Name	mployee's Name Job Title (e.g., D				hese categori	es, check ONL ch case:	Y the most	Enter the number of days the injured or ill worker was:		S Check the "injury" column or choose one type of illness:				ose	
No.		Welder)	injury or onset of illness (mo./day)	Loading dock north end)	e.g. Second degree burns on right forearm from cetylene torch)		Death Days away from work Remained at work		On job transfer or restriction	Away from work (days)	(M)	lisorder	atory	guir	er illnesses	
								or restriction		(days)		Injury	Skin Disord	Respiratory	Poisoning	All other illr
						(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)
1	Theodore Sutter	Plumber	8/16/19	Acadia Healthcare	Laceration on knuckle				1	1				<b></b>		$\vdash$
2						-				-						$\vdash$
3				+					+							<b>-</b>
						1			+	1				<del>├</del> ──		<del>                                     </del>
						1			+	1				<del>├</del> ──		$\vdash$
														┼─┤		$\vdash$
														<del>                                     </del>		
														-		
					Page totals	0	0	0	0	0	0	0	0	0	0	0
					Be sure to transfer these totals to	the Su	ımmarv na	ne (Form 30	ιΩΑ) hefore w	nu nost it		È	ē	호 F	Б	S

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

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Page 1 of 1

(2) (3) (4)

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



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  0 (G)	Total number of cases with days away from work  0  (H)	Total number of cases with job transfer or restriction 0 (I)	Total number of other recordable cases  1 (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 T	ypes		
Total number of (M) (1) Injury (2) Skin Disorder (3) Respiratory Condition	0 0	(4) Poisoning (5) 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 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 office.

	stablishment name	Vision Mechanical	, Inc.			
Street	135 Juniata Street					
City	West Reading		State _	PA	Zip	19611
Industr	y description (e.g., Ma Plumbing contractor	nufacture of motor	truck trailers)			
Standa	rd Industrial Classifica	ition (SIC), if know	n (e.g., SIC 37	15)		
	171	1		,		
Empl	oyment information	on				
Annua	average number of er	mployees	36			
Total h	ours worked by all em	ployees last year	62147			
Cian	hava					
Sign	here					
	<b>here</b> Igly falsifying this docu	ıment may result ir	n a fine.			
		ıment may result ir	n a fine.			
		ıment may result ir	n a fine.			
Knowir		·		st of my k	nowledge the	÷
Knowir	igly falsifying this docu	this document and		st of my k	nowledge the	e
Knowir I certify entries	igly falsifying this docu that I have examined are true, accurate, and	this document and d complete.		st of my k	Project Adm	in
Knowir I certify entries	igly falsifying this docu that I have examined are true, accurate, and	this document and		st of my k	-	in
Knowir I certify entries Katie L	igly falsifying this docu that I have examined are true, accurate, and	this document and d complete.		st of my k	Project Adm	in

### T-1C:Fire Protection with Pumps

### APPENDIX G

## DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

### APPENDIX G DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

#### **COVER SHEET**

DGS Project Name <u>Lincoln Hall - Renovations to Cresson Hall</u>
DGS Project Number <u>DGS C-1101-0054 Phase 1</u>
DESIGNATED CRITICAL WORK: For proper evaluation, the Proposer MUST submit at least one "Designated Critical Work Qualification Statement" for each Work item listed in T-1C for the respective contract. NOTE: The selected Proposer shall enter subcontracts with each listed subcontractor in T-1C.
Check One Work item for which this Qualification Statement is being submitted:
General Construction (.1 contract)
MasonrySlate RoofingInterior & Exterior Millwork
HVAC Construction (.2 contract) Testing, Adjusting and Balancing Geothermal System Building Automation Systems
Plumbing Construction (.3 contract)  Sump Pumps & Alarm Systems  X Fire Protection Systems with pumps
Electrical Construction (.4 contract) Audio VisualSecurity Systems
Wayman Fire Protection, Inc.  Name of Firm  3540 Old Capitol Trail Wilmington, DE 19808  Same
Principal Office
Owner or Authorized Representative Steven Chubbs

### **SECTION 1 – FIRM INFORMATION**

a) How many years has the firm been in business?    48	1.1 Ba	ackground <u>Information</u> 48
Under what former names has the firm conducted business?  Under what former names has the firm conducted business?  Identify all jurisdictions in which the firm is licensed or otherwise qualified to do busine Pennsylvania  Maryland  d) If the firm is a corporation, provide the following information:  Date of incorporation  State of incorporation  President's name  Vice President's name(s)  Alisha Bryson  Treasurer's name  Alisha Bryson  Treasurer's name  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  NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the	a)	How many years has the firm been in business?
c) Identify all jurisdictions in which the firm is licensed or otherwise qualified to do busine Delaware Pennsylvania  Maryland  d) If the firm is a corporation, provide the following information:  1974  Date of incorporation President's name Vice President's name(s) Alisha Bryson Secretary's name Alisha Bryson  Treasurer's name  Fight 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 NA Name of owner  g) If the form of the firm is other than those listed above, describe it and name the	b)	
Maryland  d) If the firm is a corporation, provide the following information:  1974  Date of incorporation  State of incorporation  President's name  Vice President's name(s)  Alisha Bryson  Secretary's name  Alisha Bryson  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  NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the		
Maryland  d) If the firm is a corporation, provide the following information:  1974  Date of incorporation  State of incorporation  President's name  Vice President's name(s)  Alisha Bryson  Secretary's name  Alisha Bryson  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  NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the		
d) If the firm is a corporation, provide the following information:  Date of incorporation  State of incorporation  President's name  Vice President's name(s)  Secretary's name  Alisha Bryson  Alisha Bryson  Treasurer's name  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  NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the	c)	Identify all jurisdictions in which the firm is licensed or otherwise qualified to do business.  Delaware Pennsylvania New Jersey
Date of incorporation  State of incorporation  President's name  Vice President's name(s)  Alisha Bryson  Secretary's name  Treasurer's name  Alisha Bryson  Alisha Bryson  Treasurer's name  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  NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the		Maryland
Date of incorporation  State of incorporation  President's name  Vice President's name(s)  Alisha Bryson  Secretary's name  Alisha Bryson  Treasurer's name  Alisha Bryson  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  NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the		
Secretary's nameAlisha Bryson  Treasurer's nameAlisha Bryson  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 formationNA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the	d)	Date of incorporation  Delaware  State of incorporation  Trippe Wayman  President's name  Vice President's name(s)  Alisha Bryson
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  NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the		Secretary'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  NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the		Alisha Bryson Treasurer's name
Date of formation NA  Name of owner  g) If the form of the firm is other than those listed above, describe it and name the	e)	If the firm is a partnership, provide the following information:  Date of formation  Type of partnership
g) If the form of the firm is other than those listed above, describe it and name the	f)	NIA
nuin ain ala		Name of owner
	g)	nyinainala.

### **SECTION 2 - EXPERIENCE AND PERFORMANCE**

#### 2.1 General

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

Year 2021 \$ 20 Million Year 2020 \$ 18 Million Year 2019 \$ 21 Million

- b) Identify the percentage of work on similar projects the firm typically performs with its own work force
- c) List the categories of work that the firm normally performs with its own forces on similar projects.

#### 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 email 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 <u>Attachment 2</u> to this Qualifications Statement the information specified herein and verify this information by providing copies of OSHA 300/200 Forms or appropriate documentation from insurance carriers, as applicable. The firm may submit written explanations to comment on or clarify its safety record.

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

Year 1:	2021	.864
Year 2:	2020	.737

			2019	.713				
		Year 3:				2172 ( )		
	b)	Provide the firm's Total Lost Workday Incidence Rate (LWDIR) for the past three years, beginning with the most recent year available:						
		Year 1:	2021	0				
		Year 2:	2020	0				
		Year 3:	2019	1.57				
		*LWDIF Hours V		r of Lost T	ime Injuries & IIIr	nesses x 200,000 ÷	Total	
	c)	Provide the	firm's Recordable	Incidence .925	Rate (RIR) for the	past three years:		
		Year 1:	2021	1.77				
		Year 2:	<del>2019 -</del> -	1.57				
		Year 3:						
		*RIR R	ate = Number of I	njuries x 20	00,000 ÷ Total Hou	rs Worked		
	d)	safety citation issued in the include the	ons issued by fedo e past 3 years. In citation number, a	eral or state iclude a sep i brief desci	e agencies for seric parate statement fo	nt a list of any health of the court of the	s and	
SECTION 3 - REQUIRED DISCLOSURES								
ques Qual detai	tion is ificatio Is cor	answered ns Statemen ncerning the	in the affirmative it, for each affirm	e, the firm ative answ tion, includ	shall submit in a er, a written expla ling applicable da	ast three (3) years. I an <u>Attachment 5</u> to nation which shall pr ates, locations, nam	o this rovide	
3.1	Is the firm currently debarred or suspended from doing business with any federal, state or local government agency or private entity?							
	Yes _	No						
3.2	Has the firm ever been debarred or suspended from doing business with any federal, state or local government agency or private entity?					state		
	Yes _	No X						
3.3			y or has the firm b cal government a			n doing business with	any	
	Yes_	No _X						
3.4	respo	nsible, or oth		neligible to		ng), declared non- posals for work by an	y	
	Yes _	No _X_						
3.5		he firm defau ct that it was		ated for cau	ise or otherwise fai	iled to complete any		

	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 <sup>X</sup>			
3.7	Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?				
	Yes	No <u>x</u>			
3.8	•	liens been filed against the firm as a result of its failure to pay subcontractors, or workers?			
	Yes	No X			
3.9		rm been denied bonding or insurance coverage or been discontinued by a surety nce company?			
	Yes	No _X			
3.10	antitrust la	rm been found in violation of any laws, including but not limited to contracting or aws, tax or licensing laws, labor or employment laws or environmental laws by a sion of a court or government agency?			
	Yes	No X			
	*Note: info	ormation regarding health and safety violations is addressed in a previous section.			
3.11		rm or its owners, officers, directors or managers been the subject of any criminal tor criminal investigation concerning any aspect of the firm's business?			
	Yes	No X			
3.12	Has the fi	rm been the subject to any bankruptcy proceeding?  No _X			

### <u>SECTION 4 - REQUIRED REPRESENTATIONS</u>

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.



### WAYMAN FIRE PROTECTION, INC.

ALARMS \* SECURITY \* CARD ACCESS \* COMMUNICATIONS \* SPRINKLERS \* INSPECTIONS \* SPECIAL HAZARDS

January 1, 2021

Wayman Fire Protection, Inc. is honored to submit this Bid for the Lincoln University - Cresson Hall Renovations project.

Wayman Fire Protection, Inc. is a local, family owned Corporation, providing State of the Art Fire Protection Services for over **45 years**, including Sprinkler and Alarm Services, Design, Fabrication, Installation, Repairs, Inspections and Consulting Services.

- Sprinkler Suppression Division Wet, Dry, Anti-Freeze and Deluge Systems, Fire Pumps and Controllers, Certified Backflow Service
- Alarm Division/Fire Security Fire Alarm, Security Alarm, Card Access and CCTV
- Inspections Fire Sprinkler/Standpipe, Backflow Preventors, Fire Pumps/Controllers, Fire Alarms, Fire Extinguishers, Hood Systems, Halon, Ansul, CO2 Systems, Special Hazard Systems.

Our Technicians, Inspectors, Project Management Teams and Designers are trained and certified, and average 15 years of employment with Wayman. We are licensed to provide Fire Protection Services in Delaware, Pennsylvania, New Jersey and Maryland.

Wayman's 45 years of a continued, successful business is a statement of a proven service oriented Company which provides quality, competent workmanship in a professional manner. We are an experienced Team that uses a proven process- driven approach to deliver efficient and effective service.

Please review the enclosed Bid Package, kindly contact me for any additional requests.

Sincerely,

Joseph F. Plunkett G.M. Sprinkler Division



### WAYMAN FIRE PROTECTION, INC.

ALARMS \* SECURITY \* CARD ACCESS \* COMMUNICATIONS \* SPRINKLERS \* INSPECTIONS \* SPECIAL HAZARDS

### **Project References:**

Bayhealth Hospital, New Campus Wilkins & Cedar Creek Road Milford, DE 19963 \$3,201,000 – 100% Complete

Construction Manager: Whiting Turner Contracting Co.

Richard Tighe (302) 218-3437, Richard.Tighe@Whiting-Turner.com

Christiana Care Hospital Women's & Infants Tower Ogletown-Stanton Rd. Newark, DE 19702 \$1,833,000 – 100 Complete

Construction Manager: Skanska USA Bldg. Inc.

Jason Malin (267) 470-1000, <u>Jason.Malin@Skanska.com</u>

LIVE Casino & Parking Garage
Packer Avenue
Philadelphia, PA. 19148
\$4,513,000 – 74% Complete
Construction Manager: Gilbane Building Company
Matt Kelly (267) 256-4500, MKelly2@GilbaneCo.com

E.I. DuPont DeNemours
Wilmington Office Building
1000 N. Orange St.
Wilmington, DE. 19801
\$1,170,000 – 100% Complete
Construction Manager: Intech Construction, LLC
Erik Krupp (215) 243-4915, EKrupp@inteconstruction.com



### WAYMAN FIRE PROTECTION, INC.

ALARMS \* SECURITY \* CARD ACCESS \* COMMUNICATIONS \* SPRINKLERS \* INSPECTIONS \* SPECIAL HAZARDS

Exelon Eddystone Phase 4
1 Industrial Highway
Eddystone, PA 19022
\$446,000 – 100% Complete
Exelon Business Services
Tom D'Annunzio (610) 517-3503, Tom.Dannunzio@exeloncorp.com

Navy P-106 Submarine Propulsor 1701 Kitty Hawk Avenue Philadelphia, PA 19112 \$625,000 – 10% Complete Construction Manager: Whiting Turner Contracting Co. Chip Cinamella, (610) 972-0471, Chip.Cinamella@whiting-turner.com

Sugarhouse Casino Broad Street Philadelphia, PA. 19171 Construction Manager: Skanska USA Matt Pentz – (267) 457-2387

Parx Casino 2999 Street Road Bensalem, PA. 19020 \$850,000.00 – 100% Complete Numerous Parx Buildings Jay Scanlon – (267) 223-3558



### WAYMAN FIRE PROTECTION, INC.

### SPRINKLERS \* ALARMS \* INSPECTIONS \* SPECIAL HAZARDS

### **Professional Qualifications**

### **GENERAL INFORMATION**

Company Name: Wayman Fire Protection, Inc.

Type of Business: Fire Protection Contractor

Street Address: 403 Meco Drive

City, State, & Zip: Wilmington, DE 19804

Telephone No: (302) 994-5757 Fax No: (302) 994-5750 Primary Contact Person: Alisha Bryson

Email Address: a.bryson@waymanfireprotection.com

Federal ID: 51-0120707 Duns No: 06-905-3171 Incorporation Date: 1974 State of Incorporation: DE

Business License No.: 1989015687 Type of Business: Corporation

Parent Company: None Subsidiary: None

NAICS Code - 23899/238220/561621

NOT certified WBE/MBE/DBE

### Type of Work We Perform:

- Design
- Install
- Inspection
- Fire Alarm
- Fire Sprinkler
- Special hazard System

### B. BUSINESS ORGANIZATION AND HISTORY

Wayman's mission is to provide quality, prompt and honest workmanship to solve your life safety needs.

We employ both Union (Sprinkler) and Non-Union personnel

- Local 669 Sprinkler Fitters Nationwide
- Local 692 Sprinkler Fitters of Philadelphia
- Local 696 Sprinkler Fitter of Newark, New jersey

### **Staffing & Management**

Number of Employees: 128

All field personnel undergo the following screens and training:

- Pre-Employment and annual drug testing
- Pre-Employment and annual MVR check
- Pre-Employment and periodic background checks
- Routine Safety Training
- Various state and national licenses are required annually

### **Safety Key Numbers**

### EMR .74

### C. COMPANY WORK HISTORY

### **Sample Installations**

- <u>Bristol Meyers Squibb</u> 2 new building install Project Size : \$1 million LEND Lease
- Project in past three (3) years: <u>University of Delaware East</u> <u>Campus Dormitories</u>

Type of work – Installation of Fire Protection Suppression System Project size - \$1,200,000.00

- Project in past three (3) years: <u>Sugarhouse Casino</u>
   Type of work Installation of Fire Protection Suppression System Project size \$2,200,000.00
- Project in past three (3) years: <u>Salisbury University academic commons building</u>

Type of work – Installation of Fire Protection Suppression System Project size - \$1,100,000.00

• Major Project in Past three (3) years: Fairfield Inn

Type of Work – Installation of Fire Protection Suppression System Project Size – \$100,500.00

Minimum desired project size – \$1000.00 Max. Desired Project size - \$8,000,000.00

### **Inspections/Life Safety Partnerships**

Hospital of the University of Pennsylvania Philadelphia, PA Jeffery Henne, Jeffery.henne@uphs.upenn.edu

Atlanticare Regional Medical Atlantic City, NJ 08401 Bill Malazita, Facility Manager 609-441-2176 William.malazita@atlanticare.org

Nemours Hospital
Wilmington, Delaware 19803
Chuck Egan Dir of Facilities and Engineering
302-298-7082 Work
cegan@NEMOURS.ORG

University of Delaware Bob Marley, Supervisor 302-813-2621 Work rhmaney@udel.edu

Delaware River Bay Authority New Castle, DE 19720 John Armstrong, Supervisor 302-644-6043 Work John.armstrong@drba.net

### D. INSURANCE INFORMATION

State the firm's current business insurance limit – 15 million Firm Name: Travelers Insurance

Agent: The Safegard Group

Address: 100 Granite Drive, Suite 205

### Media, PA 19063

Phone: **(610) 892-7688** Fax Number: **(610) 892-7695** 

### **BONDING**

Surety Name: All States co., Inc. Address: 331 N. Broad Street

Lansdale, PA 19446

Agent: **John Waite**Phone: (215) 631-1454
Fax Number: (215) 631-1455

What is the firm, bonding Capacity: Single Project: \$ 7 mil Aggregate: \$18 mil

### E. FINANCIAL

Has the company ever filed for bankruptcy? YES NO⊠
Has the company ever failed to complete at work? YES NO NO NO NO NO NO NO NO NO NO NO NO NO
Are there any judgments or claims pending against or contemplated by the company that could negatively impact its ability to perform its contact? YES NO

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

# 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<sub>21</sub>

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

Form approved OMB no. 1218-0176

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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 GFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for

cases of cases	20			
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	
(9)	(H)	(9)	(1)	
Number of Days	S			
Total number of days away from work		Total number of days of job transfer or restriction		
0		19		
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Injury and Illness Types	ss Types			
Total number of	:			
(1) Injuries	-	(4) Poisonings	0	
(2) Skin disorders	0	(5) Hearing loss	0	
(3) Respiratory conditions	tions 0	(6) All other illnesses	0	

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the officious agents in adjusted the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office. Post this Summary page from February 1 to April 30 of the year following the year covered by the form,

Establishment information  Your establishment name Waymas  Street 3540 Old Capitol T  City Wilmington  Industry description (e.g., Manuface  Fire Protection Services  North American Industrial Classifi  2 3 8 9 0 0  Employment Information (if you Worksheet on the next page to estim  Annual average number of employe  Sign here  Knowingly falsifying this docut  I certify that I have examined th  my knowledge the entries are in  Company executive  Phydine (302) 994-5757	Establishment information	Your establishment name Wayman Fire Protection, Inc.	Street 3540 Old Capitol Trail	City Wilmington State DE Zip 19808	Industry description (e.g., Manufacture of motor truck trailers) Fire Protection Services	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	Total hours worked by all employees last year 216,113.00	Sign here	Knowingly falsifying this document may result in a fine.	ny knowledge the entries are frue, accurate, and complete.  Company executive  Title  Phone (302) 994-5757  Date 01/17/2022	Reset
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Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.

Form approved OMB no. 1218-0176 Tolio il Ali Other (c) Ali other (c) U.S. Department of Labor occupational Safety and Health Administration Wayman Fire Protection, Inc. DE Select one column: Year 20 21 State Step 5. Ê Enter the number of days the injured or ill worker was: 19 £ Wilmington Establishment name Step 4. 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. Cit/S Remained at Work SELECT ONLY ONE circle based on the most serious outcome; Reminders:

•Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for locatch injury or illness rencided on this form. If you're not sure whether a case is recondable, 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. Job transfer or restriction Step 3. Classify the case € Î Death 9 fractured right wrist and fractured rib Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree harns on right forcum from acctytine forch) 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. Where the event occurred (e.g., Loading dock north end) Information about every work-related death and about every work-related injury or illness that involves loss of
consciousness, setricted work activity of by transfer, days eway 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 20 CFR part 1904.8 Stop 2. Describe the case (H Date of injury or onset of illness (e.g., 2/10) 12,14 month / day month / day month / day month / day month / day month / day month / day month / day month / day month / day 0 Technician Job title (e.g., Welder) 9 James Stern Step 1. Identify the person Employee's name ê Please Record: through 1904.12. leset 21 (A) Case Do.

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Add a Form Page alic reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the tructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to point of the collection of information unless it displays a currently valid OMB control number, if you have any comments about their mates or any other aspects of this date a collection, contact US Department of Labor, OSHA, Office of Statistical Analysis, Room 1644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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

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Page totals

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(O) Hearing loss 4

Respiratory condition

Rkin disorder

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### OSHA's Form 300A (Rev. 01/2004)

# Summary of Work-Related Injuries and Illnesses

All establishments covered by Parl 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 entres are complete

Using the Log, count the individual entries you made for each calegory. Then wrife the totals below, making sure you've added the entries from every page of the log. If you hed no cases write "O."

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mployees former employees, and their representatives have the right to review the OSHA Form 300 in	s entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR	904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.	
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Number of Cases

dable								
Total number of other recordable cases	(7)		1			0	0	-
Total number of cases with job transfer or restriction	0	Total number of days of job transfer or restriction	24 (1.)			(4) Poisoning	<li>(5) Hearing Loss</li>	(6) All Other Illnesses
Total number of cases with days away from work 0	E i			Sed		2	0	0
Total number of deaths	(5) Number of Days	Total number of days away from	0 (K)	Injury and Illness Types	Total number of (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition

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(6) All Other Illnesses

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Establishment information		
Your establishment name Wayman Fire Protection Inc		
Street 3540 Old Capitol Trail		
City Wilmington State	DE Zip	19808
Industry description (e.g., Manufacture of motor truck trailers) Fire Profection Services		
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)		
OR North American Industrial Classification (NAICS), if known (e.g., 336212)		
Employment information		
Annual average number of employees		
Total hours worked by all employees last 225,485		
Sign here		
Knowingly faisifying 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.	ige the entries are true, accurate, a	pue
S. H. M. C. C. CO.	Linty (CL+)	act rida.
(302) 994-5757 Phone	07.7	1-26-2011 Date



Year 2020

U.S. Department of Labor Occupational Safety and Health Administration Form approved OMB no. 1218-0178

### OSHA's Form 300 (Rev. 01/2004)

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

Occupational Safety and Health Administration U.S. Department of Labor Year 2020

Form approved OMB no. 1218-0176 Wayman Fire Protection Inc Establishment name for occupational safety and health purposes. 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. 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 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 Log of Work-Related Injuries and Illnesses

3								City	Wilmington			State		吕	ш		1
	Identify the person			Identify the person		Classit	Classify the case										
Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)		(E) Where the event occurred (e.g.	(F)  Describe injury or illness, parts of body affected, it and objective theretones that disposite injury or most on the disposite injury or most on the disposite injury or most on the disposite injury or most on the disposite injury or most on the disposite injury or most on the disposite injury or most on the disposite injury or illness or most on the disposite injury or illness or most or mo	CHECK the most	ONLY ONE t serious outc	CHECK ONLY ONE box for each case based on the most serious outcome for that case:	based on	Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:	"injury" co	olumn or illness:	choose o	ne type o	ď
			onset of		person ill (e.g. Second degree burns on right							(M)		Name and Associated to the Control of the Control o		sə	iii
		i i	illness (mo./day)			Death	Days away from work	Remaine	Remained at work	Away From	On job transfer or restriction					seanlli 16	
		× <sub>2</sub>						Job transfer or restriction	Other record- able cases	Work (days)	(days)	Yınjul	Skin Di Respira Conditio	Oonditio Soin	Hearing	edio IIA	
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time 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. 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

All other illnesses

Hearing Loss

Poisoning Condition

Respiratory

Skin Disorder

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

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## OSHA's Form 300 (Rev. 01/2004)

# Log of Work-Related Injuries and Illnesses

Establishment name City 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 or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA 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 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 office for help.

Case No.

Occupational Safety and Health Administration U.S. Department of Labor Year 2019

that protects the confidentiality of employees to the

for occupational safety and health purposes.

Attention: This form contains information relating to employee health and must be used in a manner extent possible while the information is being used Form approved OMB no. 1218-0176

Wayman Fire Protection, Inc.

H

State

Wilmington

Check the "injury" column or choose one type of All other illnesses (i) Hearing Loss eninosio9 3 Condition 3 0 Respiratory 2 Skin Disorder 3 Yuu[u] ∈ On job transfer or restriction (days) days the injured or ill  $\exists$  $\tilde{\infty}$ 5 69 Enter the number of worker was Away From Work (days) 122 E 34 88 Other record-CHECK ONLY ONE box for each case based on able cases Remained at work 3 the most serious outcome for that case; Job transfer or restriction Classify the case Days away from work Î Death <u>(</u> 0 and object/substance that directly injured or made Describe injury or illness, parts of body affected, Page totals person ill (e.g. Second degree burns on right Stepping off ladder and twisted knee orearm from acetylene torch) Describe the case ongoing issue with a Hernia-unsu Hernia Where the event occurred (e.g. .oading dock north end) Inside Work Site Bldg. (ii) injury or onset of 1-29-2019 8-14-2019 Date of (C) Job Title (e.g., Welder) Fitter Fitter identify the person Employee's Name 1 William Cory Walker 2 Joseph Venuto

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do 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 not send the completed forms to this office.

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All offier illnesses

Hearing Loss

Poisoning

Condition

Julius

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

Respiratory

Skin Disorder

4

Vision Mechanical's team will consist of the following:

### Project Estimator/Purchasing Agent, Eric P. Unger:

Our project estimator plays the vital role of "introducing" the project to the rest of the company's construction team members. He is the individual with the most knowledge of the project at this stage of construction through his understanding and development of the project estimate through a painstaking review of the applicable drawings and specifications. With this said, Eric will bear the responsibility of purchasing materials that meet or exceed project specifications and will develop project-specific subcontracts. When complete, Vision Mechanical will have a project turnover meeting to introduce the project to our project manager and superintendent. Please see the attached resume for Eric Unger, as a larger overview of his qualifications and experience.

### **Project Manager, Isaiah Grim:**

After project turnover, the project manager will become the project's point of contact. He plays a vital role in overseeing coordination and installation of the project with Vision personnel and subcontractors. In addition, he also attends all owner/team meetings. It is his responsibility to make all necessary decisions on behalf of the company. Please see the attached resume for Isaiah Grim, as a larger overview of his qualifications and experience.

### **Project Field Superintendent, Aaron Gaddy:**

The Field Superintendent's role is to oversee the site plumbing installation, coordinate all required manpower, develop project-specific coordination drawings as well as coordinate any and all of Vision Mechanical's subcontractors. The Superintendent also has the responsibility of generating requests for information in order to identify project challenges or issues needing to be addressed. Please see the attached resume for Aaron Gaddy, as a larger overview of his qualifications and experience.

### **On-site Workforce:**

The majority of our work will be completed by our own employees. We are proud of the field team we have built over the years. The length of many of our employees speaks to the dedication and loyalty our employees have to Vision Mechanical. Currently the average length of time for our workforce is 13 years. Our field workforce understands that safety is a main priority on construction sites. All of our superintendents have OSHA-30 training and all of our journeymen and apprentices have OSHA-10. Quarterly Safety Training videos are reviewed by all field personnel as well as weekly toolbox talks. Vision Mechanical is dedicated to providing a quality product to is customers, and we are only able to provide that due to our workforce that demands that quality and provides it.

### ERIC P. UNGER - ESTIMATOR

### **EXPERIENCE**

May 2000 – Present Vision Mechanical, Inc. *Vice President/Lead Estimator* 

West Reading, PA

### **EDUCATION**

1991 – Graduate of Pennsylvania Apprenticeship/4-year program Training Council for Plumbing and Heating

### **REPRESENTATIVE EDUCATIONAL PROJECTS**

- Reading Area Community College's Schmidt Technology Center Reading, PA
- Alvernia College/New Science Building Reading, PA
- Reading Area Community College's New Theater Reading, PA
- Kutztown University's Academic Forum Bldg. Kutztown, PA
- RHMC School of Health Sciences West Reading, PA
- Lincoln University Science Building Oxford, PA
- Kutztown University's Schaeffer Auditorium Kutztown, PA
- Lincoln University Library Renovations Oxford, PA
- Albright College/Merner Pfeiffer Science Building Reading, PA
- Kutztown University's South Dining Hall Kutztown, PA
- Renovations to PSU's Brandywine Campus Media, PA
- Kutztown University's Maintenance Building Upgrades Kutztown, PA
- PSU Berks Campus Luerssen Building Wyomissing, PA
- Bucks County Comm. College New Science Building Addition Newtown, PA
- West Chester University/Business Classrooms & Office Building West Chester, PA

### ISAIAH GRIM, PROJECT MANAGER

### **EXPERIENCE**

February 2022 – present Vision Mechanical, Inc. West Reading, PA

Project Manager

June 2000 – February 2022 Vision Mechanical, Inc. West Reading, PA

Plumbing Foreman

1996 – June 2000 BNB Mechanical, Inc. Fleetwood, PA

Plumbing apprentice

1994 – June 1996 BNB Mechanical, Inc. Fleetwood, PA

Plumber's helper/Co-op student

### **EDUCATION**

1996 – Graduated Oley Valley High School (Oley, PA)

2000 – Graduated and received Journeyman Plumber License from Reading/Berks Plumbing Apprenticeship School (City of Reading, PA)

### **REPRESENTATIVE EDUCATIONAL PROJECTS**

- Alvernia College/St. Francis Hall Reading, PA
- Alvernia College/Physical Education Center Reading, PA
- Reading Area Community College/Schmidt Tech Center Reading, PA
- Reading Area Community College Theater Reading, PA
- Cornwall Terrace Elementary School Sinking Spring, PA
- Renovations to Lamberton Middle School and Wilson Middle School Carlisle, PA
- Penn State University/Berks Campus Luerssen Hall Renovations Wyomissing, PA
- Cocalico School District/Roads, Parking & Fields Phase 2 Denver, PA
- Wissahickon High School Natatorium Ambler, PA
- Haverford College/Magill Library Haverford, PA
- West Chester University/The Sciences & Engineering Center and The Commons and the North Campus Drive Parking Facility – West Chester, PA
- Penn State Univ./Berks Campus Beaver Community Center Wyomissing, PA
- Haverford College's Magill Library Havertown, PA

### AARON GADDY, PROJECT SUPERINTENDENT

### **EXPERIENCE**

2005 - 2009 Vision Mechanical, Inc. West Reading, PA

Plumbing Apprentice

2010-Present Vision Mechanical, Inc. West Reading, PA

Plumbing Foreman

**EDUCATION** 

2005 - 2009 City of Reading / Received Journeyman Plumber License

### REPRESENTATIVE EDUCATIONAL PROJECTS

Dallastown Intermediate School

- Bancroft Elementary School
- Ringing Rock Elementary School
- Cheyney University's Humphreys Hall
- Allentown School District's 4<sup>th</sup> & Allen School
- Wilson School District (Berks) Natatorium
- West Chester University's Mitchell Hall
- Montgomery County Intermediate Unit Building Renovations
- Kutztown University's South Dining Hall
- West Chester University's Business Classrooms & Office Bldg. West Chester, PA
- Reading Area Community College's New Science Lab Reading, PA
- Elizabethtown School District's Bainbridge Elementary Elizabethtown, PA
- Easton Area School District's New Cheston Elem. School Easton, PA
- Montgomery County Intermediate Unit Blue Bell, PA

### T-2B WORK PLAN AND SCHEDULE

### **Coordination with other Primes**

The Lincoln University renovation of Cresson Hall will require constant coordination among all prime contractors to guarantee a successful project. Vision Mechanical Inc. will participate and provide BIM coordination for all plumbing and sprinkler systems for inclusion into the lead contractors coordination drawings. Vision Mechanical Inc has extensive experience with renovation projects, and we understand the importance of collaboration between all the project team members.

### Adherence to the Project Schedule, Contract Milestones and Contract Sequence

Vision Mechanical, Inc will prepare a detailed construction schedule showing all the plumbing and sprinkler construction activities, durations, predecessors and successors. Attached is an example of how we prepare our project schedule/tasks for inclusion into the overall project schedule.

### Installation of systems into existing buildings

Vision Mechanical, Inc. has experience in working on many extensive renovation projects for several institutions. Vision Mechanical, Inc. understands the renovation of historic building and will work as a team member to ensure the Lincoln University Cresson Hall project will maintain the original aesthetic through the construction phase while giving the building a new purpose.

### Connection to existing campus infrastructure

Vision Mechanical, Inc. understands the critical path it takes for coordination to complete detailed interface to the existing campus infrastructure required to complete the construction phase. The following systems will need to be coordinated for tie-in to existing systems:

- Sprinkler Main tie-in
- Domestic Water Tie-in
- Sanitary Tie-in

### **Understanding of Critical Materials, Equipment and Long Lead Items**

Vision Mechanical, Inc maintains strong relations with its suppliers to ensure that we have materials readily available throughout the project to maintain the construction schedule. The following is a list of long lead items as these items have a lead time of 4 to 6 weeks from fabrication to site delivery once approved shop drawings are received.

- BP-1 Domestic Booster System Pump
- DHP-1 Domestic Hot Water Heat Pump

With a project schedule of 641 days, we see no issue with material procurement for this project.

### **Construction Challenges and Proposed Solutions**

Vision Mechanical, Inc. understands the steps to solving construction challenges is to identify the problem, develop solutions to the issue and taking the appropriate course of action. Vision Mechanical, Inc. will utilize a 2-week look ahead schedule at the weekly contractor meetings. This practice utilizing a 2-week look ahead affords our superintendent the ability to foresee any project challenges as the present, and to develop solutions as to avoid delays in the project schedule.

### Site Operations, Logistics, Jobsite Controls and Practices

Efficient and clear construction site logistics planning is critical to maintaining safety, productivity and schedules and is the foundation for a successful project. Vision Mechanical will be a critical team member in achieving this projects goals throughout the construction process.

### **Information Technology Solutions and Critical Path**

Vision Mechanical utilizes the construction management platform Procore. Procore enables our office to stay connected in real time with our field operations. Drawings, specifications, RFIs and submittals are all kept on this platform. This application greatly streamlines every process from preconstruction to closeout.

Upon completion and sign off of coordination drawings, the drawings will be downloaded to a state-of-the-art laser (Hilti System) to provide layout of all layout points for underground plumbing, piping mains and branches, and pipe hangers. Utilizing this installation method guarantees installation will meet project schedule and completion dates. Vision Mechanical has utilized this Hilti System on many projects with great success.

### **Sample Schedule Duration**

Attached is a sample duration schedule for the Lincoln University Cresson Hall project.

Plumbing Predecessor	Predecessor	Plumbing Activity	Duration	Successor
Procurement/Mobilization		<u> </u>		
Notice to Proceed		Submit Bonds/Insurance Permits	3 WDs	SBE/VBE Material/Sub Procurement
Trottee to Froced		Submit Bonds/msdrdnee Fermits	3 11 13	Balance of Material & Sub
Submit Bonds/Insurance Permits		SBE/VBE Material/Sub Procurement	10 WDs	Performance
Sabilité Bollasy insurance i errines		3DE/ V DE IVIACENTAL/ SAD I TOCATENTENT	10 100	renomance
SBE/VBE Material/Sub Procurement		Balance of Material & Sub Performance	15 WDs	Submittals/Shop Drawings Processing
SDE/ VDE Waterial/ Sub Frocurement		balance of Waterial & Sub Ferrormance	13 WD3	Receipt of Coordination Backgrounds
Balance of Material & Sub Performance		Submittals/Shop Drawings Processing	20 WDs	All Floors
Balance of Material & 300 Feriorinance		Receipt of Coordination Backgrounds All	20 00 03	Plumbing Input into Coordination
Submittals/Shop Drawings Processing		Floors	1WD	
Submittals/Shop Drawings Processing		FIOOTS	IWD	Drwgs
	Descint of Coundination			Auga All Class for Chart of Interior
	Receipt of Coordination		5,445	Area All Clear for Start of Interior
	Backgrounds All Floors	Plumbing Input into Coordination Drwgs	5 WDs	Construction
Basement				
	Area All Clear for Start of			ļ
Plumbing Input into Coordination Drwgs	Interior Construction	Commence Plumbing Work on Floor	1 WD	Selective Plumbing Demolition
-	General Prime Completes			
Area All Clear for Start of Interior	Majority of Demolition on			Hand Excavate For Plumbing U/G
Construction	Floor	Selective Plumbing Demolition	10 WDs	Services
Area All Clear for Start of Interior	11001	Selective Flumbing Demontion	10 WD3	Services
	Cailings Damayad	Sprinkler Demolition	9 M/Dc	Carialdar Baugh In
Construction	Ceilings Removed Floor Slab Marked &	Sprinkler Demontion	8 WDs	Sprinkler Rough In
oli ii bi li bi liii			45.445	
Selective Plumbing Demolition	Removed	Hand Excavate For Plumbing U/G Services	15 WDs	U/G Domestic Water Install
Hand Excavate For Plumbing U/G Services		U/G Domestic Water Install	2 WDs	U/G Sanitary Piping Install
U/G Domestic Water Install		U/G Sanitary Piping Install	15 WDs	A/G Sanirary & Vent Piping
U/G Sanitary Piping Install		A/G Sanitary & Vent Piping	10 WDs	AG Domestic Water Piping
A/G Sanitary & Vent Piping	Commence Partitions	AG Domestic Water Piping	15 WDs	Set & Pipe Domestic Water Pump
				Set & Pipie [4] Domestic Water
AG Domestic Water Piping		Set & Pipe Domestic Water Pump	3 WDs	Heaters & Equipment
		Set & Pipe [4] Domestic Water Heaters &		
Set & Pipe Domestic Water Pump		Equipment	5 WDs	Set & Install Elevator Pump
Set & Pipe [4] Domestic Water Heaters &	Elevator Pit Ready for	Equipment	3 11 13	Set & mistan Elevator Fump
Equipmen	Plumbing Installation	Set & Install Elevator Pump	2 WDs	Dlumbing Inculation
Set & Install Elevator Pump	Flumbing installation	Plumbing Insulation	8 WDs	Plumbing Insulation Plumbing Testing
-				
Plumbing Insulation		Plumbing Testing	1 WD	Sprinkler Demolition
Plumbing Testing		Sprinkler Rough In	12 WDs	Set & Install Sprinkler Booster Pump
Sprinkler Demolition				эт эт эт эт эт эт эт эт эт эт эт эт эт э
Sprinkler Rough In		Set & Install Sprinkler Booster Pump	3 WDs	Sprinkler Testing
Cat 9 Install Carialdar Baastar Duma				
Set & Install Sprinkler Booster Pump		Sprinkler Testing	1 WD	
First Floor				
	General Prime Completes			Layout, Hangers, A/G Sanitary & Vent
Selective Plumbing Demolition Basement	Majority of Demolition on	Plumbing Demolition	5 WDs	, , , , ,
Selective Fluiribing Demontion Basement	· ·	Sprinkler Demolition First Flr	5 WDs	Piping
	Floor	Sprinkler Demontion First Fir	2 MD2	Sprinkler Rough In
Selective Plumbing Demolition	Commence Partitions	Layout, Hangers, A/G Sanitary & Vent Piping	12 WDs	AG Domestic Water Piping
Layout, Hangers, A/G Sanitary & Vent				
Piping		AG Domestic Water Piping	10 WDs	Plumbing Testing
AG Domestic Water Piping		Plumbing Testing	12 WDs	Set & Install Plumbing Fixtures
Plumbing Testing		Set & Install Plumbing Fixtures	5 WDs	Plumbing Insulation
Set & Install Plumbing Fixtures		Plumbing Insulation	5 WDs	Sprinkler Main Installation
Plumbing Insulation		Sprinkler Main Installation	12 WDs	Cut In Sprinkler Heads
Sprinkler Main Installation	Ceiling Grid in Place	Cut In Sprinkler Heads	6 WDs	Sprinkler Testing
Cut In Sprinkler Heads	<u> </u>	Sprinkler Testing	1 WD	- Is0
-p				

Second Floor				
				Layout, Hangers, A/G Sanitary & Vent
Selective Plumbing Demolition First Floor		Plumbing Demolition	5 WDs	
· ·		Sprinkler Demolition Flr	5 WDs	. 0
Selective Plumbing Demolition		Layout, Hangers, A/G Sanitary & Vent Piping	15 WDs	AG Domestic Water Piping
Layout, Hangers, A/G Sanitary & Vent				
Piping		AG Domestic Water Piping	15 WDs	Plumbing Testing
AG Domestic Water Piping		Plumbing Testing	1 WD	Set & Install Plumbing Fixtures
Plumbing Testing		Set & Install Plumbing Fixtures	8 WDs	Plumbing Insulation
Set & Install Plumbing Fixtures		Plumbing Insulation	6 WDs	Sprinkler Main Installation
Plumbing Insulation		Sprinkler Main Installation	12 WDs	Cut In Sprinkler Heads
Sprinkler Main Installation	Ceiling Grid in Place	Cut In Sprinkler Heads	6 WDs	Sprinkler Testing
Cut In Sprinkler Heads		Sprinkler Testing	1 WD	
Third Floor				
Selective Plumbing Demolition <b>Second</b>				Layout, Hangers, A/G Sanitary & Vent
Floor		Plumbing Demolition	5 WDs	Piping
Floor		Sprinkler Demolition Flr	5 WDs	Sprinkler Rough In
Selective Plumbing Demolition		Layout, Hangers, A/G Sanitary & Vent Piping	12 WDs	AG Domestic Water Piping
Layout, Hangers, A/G Sanitary & Vent		, , , , , , , , , , , ,		, 9
Piping		AG Domestic Water Piping	12 WDs	Plumbing Testing
AG Domestic Water Piping		Plumbing Testing	1 WD	
Plumbing Testing		Set & Install Plumbing Fixtures	5 WDs	
Set & Install Plumbing Fixtures		Plumbing Insulation	5 WDs	
Plumbing Insulation		Sprinkler Main Installation	12 WDs	Cut In Sprinkler Heads
Sprinkler Main Installation	Ceiling Grid in Place	Cut In Sprinkler Heads	6 WDs	Sprinkler Testing
Cut In Sprinkler Heads		Sprinkler Testing	1 WD	
Attic				
				Layout, Hangers, A/G Sanitary & Vent
Selective Plumbing Demolition Third Floor		Plumbing Demolition	5 WDs	Piping
		Sprinkler Demolition Flr	6 WDs	Sprinkler Main Installation
		Layout, Hangers, Install A/G Sanitary Vent		
Selective Plumbing Demolition		Piping	6 WDs	Sprinkler Main Installation
Layout, Hangers, Install A/G Sanitary Vent				
Piping		Sprinkler Main Installation	10 WDs	Cut In Sprinkler Heads
Cut In Sprinkler Heads		Sprinkler Testing	1 WD	

### **T-2C Safety Plan**

### **Contents**

Safety Policy Statement

- 1.0 Responsibilities
- 2.0 List of Safety Programs
- 3.0 Training/Toolbox Talks
- 4.0 Changes to Site Safety Plan
- 5.0 Site Safety Plan Review
- 6.0 Records/Claims Reporting Procedure

### Vision Mechanical, Inc. Safety Policy Statement:

Our company is committed to providing the safest possible working environment and conditions for our employees. The safety of our employees is a prime concern to management. With this in mind, the following management commitment is being made to prevent unnecessary injuries to our employees.

- All Vision Mechanical employees recognize that safety is an integral part of their job duties and are responsible for preventing injuries.
- Safe working conditions are an essential part of our business.
- All employees are to be properly and thoroughly trained in safe work practices and are to understand the importance placed on working safely every day.
- Management is open to any suggestions, which will help improve the safety of our employees.
- Safety is simply good business. Good for our customers, good for our employees, and good for the company.

The prevention of employee injuries is of the utmost importance and a key ingredient to the continued success and growth of our company.

Each employee has a personal responsibility to work safely. In a broad sense all employees are members of the safety committee. All employees, together, have the responsibility to create and maintain a workplace that is free of unsafe and hazardous conditions. Our subcontractors are also held to this same standard. They are required to follow Vision Mechanicals Safety Programs for any projects they work with us on.

Our workplace has an active safety program. Our employee's first responsibility is to learn safe procedures for performing their work assignments. Their second responsibility is to use only safe procedures in their work. In addition, when they see an unsafe or possibly unsafe condition in the workplace or when they see what is or possibly may be unsafe work behavior, they are to correct it if possible and report it to their Supervisor. This is important so that management can make necessary decisions to improve safe working conditions and safe working behaviors.

The Safety Director, acting with the input of the safety committee, maintains a Vision Mechanical Corporate Safety Manual. Our employees receive a copy of the Corporate Safety Manual when they begin their employment. They have the responsibility to study this manual and to conform to the guidelines in the manual. If our employees have any questions about the safety guidelines or their responsibilities for safe behavior, we urge them to discuss them with their Supervisor, our safety committee, or the Safety Director.

### VISION MECHANICAL'S SITE SAFETY PLAN

### 1.0 Responsibilities

### **FOREMAN**

### Administrative duties (perform and submit these documents)

- Toolbox Talks (weekly)
- Inspection reports
- Rigging checklists
- Confined space entry permits
- Assist the project manager in the pre-construction planning procedure
- Review the project specifications for potential hazards
- Ensure the proper administration of safety-related functions
- Monitor sub-contractor safety performance if subs are on the job
- Notify supervision of accidents and preventive measures

### **Activities**

- Perform new-hire orientation
- Provide instruction on company programs and job specific safe work practices
- Perform daily huddles
- Provide personal protective equipment
- Locate medical facilities and provide transport
- Keep first-aid kits stocked
- Provide training on equipment and procedures
- Ensure security of the jobsite/equipment/and trailers
- Solicit and review material safety data sheets
- Pre-plan work with journeymen
- Enforce site-specific safety compliance with company and OSHA standards
- Ensure foreman complete and submit safety documentation in a timely manner
- Provide foreman with medical clinic information before start-up of new job
- Assist foreman when applicable with subcontractor violations of safety standards

### PROJECT MANAGERS

### **Administrative Duties**

- Plan, direct, coordinate safety related functions
- Work with estimating to budget money for safety
- Assist in selection of subcontractors when necessary
- Procure certificates of insurance from subcontractors and vendors
- Monitor project safety performance
- Perform safety responsibilities in the pre-construction planning procedure

### **Activities**

- Complete a pre-construction safety planning checklist
- Identify project safety concerns and requirements
- Coordinate pre-construction meeting with all necessary personnel
- Issue safety violation notices to subcontractors

### VISION MECHANICAL'S SITE SAFETY PLAN

- Assign safety responsibilities to project supervision
- Enforce disciplinary program
- Investigate accidents

### 2.0 Safety Programs (Maintained on the Procore Platform)

- Bloodborne Pathogens
- Confined Space Entry
- Alcohol and Drug Abuse/Random Testing
- Fall Protection
- Fleet Safety
- Hand and Power Tool Safety
- Hazardous Communication Safety
- Hearing Protection
- Ladder Safety
- Lockout/Tagout Safety
- Personal Protection Equipment
- Safety Disciplinary Program
- Excavation Safety Program
- Respirable Crystalline Silica Safety Program
- COVID-19 Safety Program

### 3.0. Training/Toolbox Talks

### **Training**

- Training will consist of a new hire safety orientation.
- Supervisors will be trained in OSHA 30 hr. Construction. Our Journeymen and Apprentices have been trained in the OSHA 10 hr. Construction. Courses are provided by OSHA accredited trainers.
- Several employees have completed a 32-hour course for Medical Gas Installation provided by Medical Equipment Training and Certification, LLC., and maintain their certification every three years as mandated.
- All of our employees have received Firestop Training. The course is approximately an hour long and was provided by DriveKore.
- Additional training will be provided as required and necessary throughout the project.

### Toolbox Talks

- All foremen on the job site will administer toolbox talks weekly.
- All field employees are required to attend toolbox talks weekly.
- Toolbox talks are maintained through the Procore platform and will be available for review.

### VISION MECHANICAL'S SITE SAFETY PLAN

### 4.0 Changes to the Site Safety Plan

Major changes in the scope of work may require changes to the Site Safety Plan. When the normal scope of work is significantly altered or a new hazard introduced to the normal daily work activity, the foreman will contact the Safety Director and notify them of the changes.

### 5.0 Site Safety Plan Review

The Site Safety Plan should be reviewed periodically or when deemed necessary throughout the entire project.

### 6.0 Records/Claims Reporting Procedures

Records shall be kept at the job trailer and Corporate Safety Office. Records shall be maintained and readily available for review.

Managers (Foremen to Senior Management) will be responsible for reporting to their immediate supervisor the following type of injuries in the specified time frame:

### **FOREMAN** - (Immediately)

Responsible for reporting ALL work-related injuries to their Project Manager and the Safety Director including:

- Lost time injuries (injuries involving lost time from work)
- Restricted duty injuries (injuries involving work restrictions)
- Injuries involving discipline
- Injuries involving a post-accident drug test.
- Transporting injured to an approved medical facility
- Discussing accidents and supporting prevention measures with the journeymen
- Enforcing the discipline program

### **PROJECT MANAGER** – (Immediately)

Responsible for reporting the following injuries to company owners and Safety Director:

- Lost time injuries (injuries involving lost time from work)
- Restricted duty injuries (injuries involving work restrictions)
- Injuries involving discipline
- Injuries involving a post-accident drug test
- Monitoring accidents and supporting prevention measures
- Enforcing the discipline program
- Contact the company president and office manager.

### **SAFETY DIRECTOR** – (Immediately)

Responsible for investigation of reported injuries.

- **Investigating** the accident and determining the cause(s) and preventing measure(s)
- **Completing** the accident reports (supervisor/employee) and submitting within 24 hours
- Discipline

### T-2D QUALITY CONTROL PLAN

We at Vision Mechanical, Inc. are very proud of the quality craftsmanship we provide to our customers. Over the course of our company's growth, we have built a quality control process that looks at quality from many different perspectives. These include the following:

- 1. **CONSTRUCTION SUPERVISION:** We provide construction contract administration, construction monitoring, create and maintain daily log of the construction operations, shop drawings, respond to RFI (requests for information), prepare contract change order documentation, prepare cost estimating for field change orders, prepare bi-weekly construction reports, prepare monthly payment vouchers, review and maintain our construction schedule, document the construction with digital photographs, supervise and check laboratory sample testing, conduct periodic jobsite meetings, prepare O&M documentation, conduct or supervise start-up and commissioning, prepare as-built drawings.
- 2. **FIELD OFFICE:** During construction, our project manager will be the primary contact point for all parties. A temporary jobsite office (trailer) will be set-up at the jobsite. This field office will have the full support of the home office of Vision Mechanical, Inc. and will be on call at all times. The services of the field office would also include the inspection of the construction work, testing of the same and documentation of the daily progress of the construction.
- 3. **CONSTRUCTION PROJECT COORDINATOR:** The prime purpose of the project coordinator is to personally assure that the flow of paperwork and communication between the office and the field is maintained at all times. We have been utilizing the Procore platform for three years. RFIs, submittals, as-built drawings, daily logs, reports and documents are all maintained on this platform. Any changes or updates are immediately available between the field office and our home office.
- 4. **DAILY LOG:** The project foreman will maintain a daily log of the construction operations as observed by members of Vision Mechanical's work crew. This may include photographs and narrative descriptions of the daily operations. The entries of the daily log are kept in the Procore platform.
- 5. **RFI (REQUESTS FOR INFORMATION):** The project administrator shall maintain a log of the RFI requests submitted by Vision Mechanical and will forward the RFI to the responsible party. In addition, all responses to these RFI's will be logged and distributed to the project manager and to the field. RFI's will be submitted in a numbered sequence and identified by the sequence number. RFI's are maintained through the Procore platform.
- 6. **BI-WEEKLY CONSTRUCTION REPORT:** The project manager shall generate a bi-weekly report that will describe the construction progress the previous week, the results of any materials testing, and any unusual occurrences. This report is also kept updated and maintain in the Procore platform.
- 7. **CONTRACTOR'S PROJECT SCHEDULE:** Both the project manager and project foreman will monitor the progress of the plumbing construction on a weekly basis and determine the adherence to the project schedule.
- 8. **PHOTOGRAPHS:** Digital photography has allowed us to take a multitude of pictures during construction without having to consider the cost of photographic development. We maintain a photographic "diary" to substantiate progress and to demonstrate difficulties. These photographs will endeavor to fully indicate all concealed utilities and concealed construction features and will hopefully minimize (eliminate) problems. All pictures are housed through Procore.

- 9. **TESTING:** The foreman would be responsible for conducting pressure tests on all completed piping systems. These testing reports are worked through Procore with digital signatures. They will be housed and maintained through the Procore platform. Local testing laboratories will be utilized for water quality sample (bacteria/coliform) testing. These testing results will be maintained at our home office.
- 10 **O&M DOCUMENTATION:** The project administrator shall prepare and furnish the necessary copies of O&M manuals and submit them to the appropriate party.
- 11. **START-UP AND COMMISSIONING:** The project foreman shall be responsible for coordinating and ensuring owner representatives are properly trained in the operation of all major plumbing equipment. Such training shall be recorded, and a copy of the recording shall be provided with project O & M manuals.
- 12. **CONTRACT CHANGE ORDERS:** Vision Mechanical shall submit change orders strictly on an "as-needed" basis. When we prepare change orders for our projects, we also prepare independent construction cost estimates to establish a monetary amount due the contractor for each contract modification. Change Orders are maintained and tracked through the Procore platform.
- 13. **AS-BUILT DRAWINGS:** Vision Mechanical's foreman shall maintain a set of project drawings throughout the duration of the project, making certain that all changes incorporated into the project are indicated on the drawings. This is a digital process utilizing the Procore platform, which assures neatness and accuracy. At the completion of the project, a complete set of these drawings shall be submitted to the specified party.
- 14. **SUBCONTRACTORS:** The project foreman shall be responsible for coordinating with any subcontractors we may need onsite. Our subcontractors have access to the Procore platform and therefore have access to all RFIs, Submittals, Drawings, and Specifications on the project. The foreman record in detail any performance issues in the daily logs pertaining to subcontractors. Subcontractors are paid within ten days of receipt of owner's payment.

### **T-3A Staffing Resources**

Vision Mechanical, Inc. will provide skilled craft persons in a timely manner to meet this project's needs. VMI currently employs 22 journeyman and apprentice plumbers and is prepared to supply more than sufficient manpower for this project. Many of our journeyman plumbers are graduates of our Apprenticeship program. In addition to hiring through a rigorous application process, VMI recruits and hires almost exclusively by referral, substantially increasing the likelihood of hiring experienced and highly skilled employees.

Vision Mechanical is a leading plumbing contractor in Southeast Pennsylvania and has the ability to contract with reputable subcontractors throughout this area as well. Vision Mechanical has resources available to it should a manpower issue arise.

Vision Mechanical understands that proper communication is the key to keeping a project running smoothly and on time. We have full confidence in our subcontractors when it comes to staffing the project properly and working efficiently.

Below is a list of our current employees and how long they've been with Vision Mechanical.

Employee	Years with Vision
Nate Arms	3
Craig Pauley	22
Robert Dries	8
Brandon Smith	17
Jere Ringler	3
Zachary Reppert	15
Jeffrey Miller	14
Jonathan Dunkle	7
Eric Burnish	0
Evan Nord	0
Laine Bechtel	22
Christopher Ciccarone	13
John Lichtley	1
James Milham	1
Shawn Aldinger	11
Skyler Macomber	2
Aaron Gaddy	17
Barry Unger	22
Eric Unger	22
Lauren Lush	22
Matthew Guerrieri	15
Kevin Gattone	22
Isaiah Grim	22
Jared Eyer	21
Joseph Saadi	16
Katie Bodden	8
Tyler Thompson	20
Robert Sowa	4
Michael Wighaman	11
Heath Eckert	21

### **T-3B Skill Training**

Vision Mechanical, Inc is dedicated to providing a quality product to its customers. Having a competent staff and qualified technicians is the only way we can do this.

For over twenty years, Vision Mechanical, Inc. has had an apprenticeship program registered with the Pennsylvania Apprenticeship and Training council, which promotes recruiting and retaining a diversified workforce. The apprenticeship program requires 4 year course study along with the employee completing 8,000 hours of on the job training under the supervision of a licensed journeyman. At the end of this training, the apprentice must take the test to become a licensed plumber as a journeyman. Recruitment, employment and training of employees is done without discrimination and is consistent with VMI's EEO policy.

Additional trainings that we have our employees attend are:

- Medical Gas Installer
- OSHA 10
- OSHA 30
- Forklift Operator
- Confined Space Training
- Fire Extinguisher Training
- Fall Protection Training

### **T-3C Workforce Safety**

Vision Mechanical Inc. has a safety committee that is certified by the Department of Labor and Industry, Bureau of Worker's Compensation. Committee membership is made up of a cross section of field and management employees. These members are rotated on a two-year basis, as to promote diversity in the committee. The Committee meets on a monthly basis and reviews any incidents, accidents or new misses and makes recommendation to prevent further incidents. Additionally, the Committee reviews current safety policies, procedures and safe work practices; and makes recommendations to either revise or develop new policies and procedures.

Vision Mechanical's new hire orientation consists of safety video training and a review of our written safety programs and our best practices and policies. This ensures that new field employees are prepared to work safely on our jobsites.

Vision Mechanical implements an alcohol and drug-free workplace program that complies with federal and state regulations governing substance abuse. With this policy, we do random quarterly drug tests to ensure the compliance to this program.

Vision Mechanical Inc. is a member of ABC and as such, we attend the monthly safety meeting that is held. These meetings offer insight to the overall safety of the construction industry and up to date on new policies or procedures from OSHA.

Vision Mechanical Inc. has a close working relationship with Loss Control personnel from our insurance carrier. These specialists are regularly in contact with the Head of our Safety Committee and routinely conduct site visits to review operations. These representatives have also conduct specialized in-house training to our employees.

Vision Mechanical Inc. promotes safety and health on an ongoing basis throughout the year. Our annual Safety Day features specialized in-house re-certifications and training for our employees. VMI sends out quarterly safety-training videos to all our field employees and they are monitored for completion. We also conduct weekly toolbox talks on all our project sites. These records are maintained on the Procore platform.

Vision Mechanical Inc. conducts project site inspections, with regularity, throughout the project life. These reports are maintained within the Procore platform. Any deficiencies are communicated with the appropriate personnel on the project and any hazards are taken care of immediately. Our subcontractors are required to maintain the same safety standards Vision Mechanical has. Regular communication between us and our subcontractors promotes a safe workplace.

Vision Mechanical Inc. has implemented a tracking system for near miss incidents. Upon reviewing these near miss reports, we can see what safety systems are working and what may not be working and make any adjustments necessary. We track near miss incidents not just for Vision Mechanical, but for other contractors on project sites as well. The safety of the entire project site is high priority.