

Standardized Pre-Qualification Form (PQF)

GENERAL INFORMATION

1. Company Name: G.R. Birdwell Construction LP		Telephone: 281.890.4981	Fax: 281.664.7981
Street Address: 9721 Derrington Houston, TX 77064		Mailing Address: PO Box 690748 Houston, TX 77269	
Website: www.grbirdwell.com			
Contact Person: Brad Birdwell		Email: Brad.birdwell@grbirdwell.com	
2. Officers:		Years with Company	
Owner/President:	Brad Birdwell	35	
Owner/CEO:	Gene Birdwell	41	
CFO:	John Lynch	9	
3. How many years has your organization been in business under your present firm name?		41	
4. Parent Company Name: n/a			
City:		State:	Zip:
Subsidiaries:			
5. Under Current Management Since (Date): 3/1/77			
6. Contact for Insurance Information:		Crystal & Company :	Machelle McKenzie
Title: Insurance Agent	Telephone: 713.624.6308	Fax: 713.621.5425	
7. Insurance Carrier(s):			
Name	Type of Coverage	Telephone	
Allied World National	General Liability	See Attached Certificate	
Commerce & Industry Insurance Company	Workers Compensation	See Attached Certificate	
Darwin National	Automobile	See Attached Certificate	
Federal Insurance Co.	Construction Equipment	See Attached Certificate	
8. Are you self insured for Worker's Compensation Insurance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Contact for Requesting Bids: Eric Olmon		Title: Vice President of Operations	
Telephone: 281.664.7921	Fax: 281.664.7921	Email: sales@grbirdwell.com	
10. PQF Updated by: René Satterfield		Title: Corp. H&S Coordinator	Date: 5/23/2018
Telephone: 281.664.7990	Fax: 281.664.7990	Email: rene.satterfield@grbirdwell.com	

ORGANIZATION

11. Form of Business: Sole Owner Partnership Corporation
 Date & State of Incorporation: N/A

12. Percent Minority/Female Owned: N/A EEO Category: N/A

13. A. Describe Services Performed

- | | |
|---|---|
| <input checked="" type="checkbox"/> Construction
<input checked="" type="checkbox"/> Construction Design
<input type="checkbox"/> Original Equipment Manufacturer and Installer
<input type="checkbox"/> Maintenance
<input type="checkbox"/> Specialty Maintenance
<input type="checkbox"/> Manpower and Resource | <input type="checkbox"/> Original Equipment Manufacturer and Maintenance
<input type="checkbox"/> Service Work (e.g. janitorial, clerical, etc.)
<input type="checkbox"/> Turnaround
<input type="checkbox"/> Engineering
<input type="checkbox"/> Other: See Additional Services for Description |
|---|---|

B. Work Categories

Check the categories in which you are interested in bidding and in which you are qualified to perform work. Attach additional information clarifying your capabilities and specialties.

(C) denotes work done by your company employees (S) denotes work done by subcontractors

- | | |
|--|---|
| <p>C S 1. Air Conditioning/Refrigeration</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Comfort Cooling/HVAC
 <input type="checkbox"/> <input checked="" type="checkbox"/> Process Refrigeration</p> <p>C S 2. Buildings</p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Remodeling
 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> New (steel, brick, block, other)</p> <p>C S 3. Cleaning</p> <p><input type="checkbox"/> <input type="checkbox"/> Industrial
 <input type="checkbox"/> <input type="checkbox"/> Janitorial</p> <p>C S 4. Civil</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Concrete
 <input checked="" type="checkbox"/> <input type="checkbox"/> Excavation/Grading Paving
 <input type="checkbox"/> <input checked="" type="checkbox"/> -Asphalt
 <input checked="" type="checkbox"/> <input type="checkbox"/> -Concrete</p> <p>C S 5. Demolition/Dismantling</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>C S 6. Electrical</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> General
 <input type="checkbox"/> <input type="checkbox"/> High-voltage/High-line
 <input type="checkbox"/> <input type="checkbox"/> Heat Tracing
 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Cathodic Protection
 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Grounding Systems</p> <p>C S 7. Inspection & Testing</p> <p><input type="checkbox"/> <input type="checkbox"/> General NDT
 <input type="checkbox"/> <input type="checkbox"/> Radiography
 <input type="checkbox"/> <input type="checkbox"/> Infrared Scanning
 <input type="checkbox"/> <input type="checkbox"/> Eddy Current Testing
 <input type="checkbox"/> <input type="checkbox"/> Acoustic Emission
 <input type="checkbox"/> <input type="checkbox"/> Column Scanning
 <input type="checkbox"/> <input checked="" type="checkbox"/> Civil/Soils
 <input type="checkbox"/> <input type="checkbox"/> High Voltage Electrical</p> | <p>C S 12. Instrumentation</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> General
 <input type="checkbox"/> <input type="checkbox"/> DCS Control Systems</p> <p>C S 13. Insulation</p> <p><input type="checkbox"/> <input type="checkbox"/> General
 <input type="checkbox"/> <input type="checkbox"/> Asbestos Abatement</p> <p>C S 14. Linings/coatings for:</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Metal
 <input type="checkbox"/> <input checked="" type="checkbox"/> Concrete</p> <p>C S 15. Field Maintenance</p> <p><input type="checkbox"/> <input type="checkbox"/> General
 <input type="checkbox"/> <input type="checkbox"/> Hot Tap/line stops
 <input type="checkbox"/> <input type="checkbox"/> Leak Sealing (online)
 <input type="checkbox"/> <input type="checkbox"/> Field Machining
 <input type="checkbox"/> <input type="checkbox"/> Tank/Vessel Code
 <input type="checkbox"/> <input type="checkbox"/> Boiler Code
 <input type="checkbox"/> <input type="checkbox"/> Exchanger Retubing
 <input type="checkbox"/> <input type="checkbox"/> Rotating Equipment
 <input type="checkbox"/> <input type="checkbox"/> Valve
 <input type="checkbox"/> <input type="checkbox"/> Cooling Tower
 <input type="checkbox"/> <input type="checkbox"/> High Alloy Welding (list type)
 <input type="checkbox"/> <input type="checkbox"/> Lead Lining
 <input type="checkbox"/> <input type="checkbox"/> Glass Lining
 <input type="checkbox"/> <input type="checkbox"/> Heat Treating
 <input type="checkbox"/> <input type="checkbox"/> Nonmetallic materials
 <input type="checkbox"/> <input type="checkbox"/> Pipe Fabrication
 <input type="checkbox"/> <input type="checkbox"/> Mobil Equipment Repair</p> <p>C S 16. New Construction</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>C S 17. Painting</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>C S 18. Refractory/Acid Brick</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>C S 19. Rigging/Equipment Erection</p> <p><input type="checkbox"/> <input type="checkbox"/></p> |
|--|---|

<input type="checkbox"/>	<input type="checkbox"/>	Electrical Ground Inspection	C	S	20. Consulting
<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Scaffolding	<input type="checkbox"/>	<input type="checkbox"/>	Chemical
<input type="checkbox"/>	<input type="checkbox"/>	9. Scale Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Metallurgical
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Structural Steel Fab/Erection	<input type="checkbox"/>	<input type="checkbox"/>	Controls
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Tank – Field Erection			

14. Describe Additional Services Performed:

15. List other types of work within the services you normally perform that you subcontract to others:
Asphalt, Fencing, Electrical

16. A. Do you normally employ: Union Personnel Non-Union Personnel Leased Personnel
If union, list trades/locals:
B. Average number of employees for last 3 years: 241

WORK HISTORY

17. Annual Dollar Volume for the Past Three Years:	YE: 12/2017 \$70.7 MM	YE: 12/2016 \$57.9 MM	YE: 12/2015 \$65.3 MM
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18. Largest Job During the Last 3 Years: \$20.0 MM

19. Your Firm's Desired Project Size: \$1 – 20 MM Maximum: \$40 MM Minimum: \$200,000

20. A. D&B Financial Rating: 3A3 B. Annual Sales: \$70.7 MM C. Net Worth: \$20.4 MM

D. DUNS #:097674410 Date: E. Tax ID #:74-1971206

21. Bank Line of Credit: n/a Bonding Capacity: \$30 MM Bank Reference: John Glenn Wells Fargo Bank: 713.319.1204

22. Major Jobs in Progress:

Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
Valero/Houston, TX	Sitework/Concrete	8.0 MM		
Smith Tank/Enterprise Products/Houston, TX	Sitework/Concrete	9.1 MM		
Sunoco/Nederland, TX	Sitework/Concrete	16.1 MM		
LBC/Houston, TX	Sitework/Concrete	5.1 MM		

23. Major Jobs completed in the past three years:

Customer/Location	Type of Work	Size \$	Customer Contact	Telephone
Magellan/Houston, TX	Sitework/Concrete	21.5 MM		
Genesis/Texas City, TX	Sitework/Concrete	9.4 MM		
Enterprise Products/Houston, TX	Sitework/Concrete	21.6 MM		
Valero/Houston, TX	Sitework/Concrete	19.8 MM		

24. Are there any judgments, claims or suits pending or outstanding against your company?
If yes, please attach details. Yes No

25. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?
If yes, please attach details. Yes No

SAFETY & HEALTH PERFORMANCE

26. Workers Compensation Experience Modification Rate (EMR) Data:

- | | |
|---|---|
| <p>a. EMR is:</p> <p><input checked="" type="checkbox"/> Interstate rate</p> <p><input type="checkbox"/> Intrastate rate</p> <p><input type="checkbox"/> Monopolistic State rate</p> <p><input type="checkbox"/> Dual Rate</p> <p>c. State of Origin: TX</p> <p>e. Standard Industrial Code (SIC): 1541/ 1542/ 1629</p> <p>f. Primary NAICS Codes: 238110/238190/213112/238910/236210</p> | <p>b. EMR for last three years:</p> <p>YR: 5/2018 EMR: .61</p> <p>YR: 5/2017 EMR: .58</p> <p>YR: 5/2016 EMR: .79</p> <p>d. EMR Anniversary Date: 05/15/2019</p> |
|---|---|

27. Injury and Illness Data:

a. Total company employee hours worked last three years (excluding subcontractors):	Year	2017	2016	2015
	Field	569457	546052	668710
	Total	569457	546052	668710

b. Provide data (excluding subcontractors) using your OSHA 200 and 300 Forms from the past three (3) years:

Notes:

- (1) Data should be total company data unless specifically requested by client.
- (2) Combine injuries and illnesses from 200 Form as reported on 300 Form
- (3) If your company is not required to maintain OSHA 200/300 forms, please provide information from your Worker's Compensation insurance carrier itemizing all claims for the last 3 years.

	YR: 2017	YR: 2016	YR: 2015
Fatalities			
Rate = Number of Fatalities x 200,000 /Total Employee Hours	0 0 0 0 0		0
Lost workday case injuries and illness involving days away from work, or days of restricted work activity, or both. (Rate = Total LW and restricted cases x 200,000/ Total Employee Hours) "DART"	1 .35	1 .37	0 0
Lost workday case injuries and illnesses involving days away from work. (Rate = LW cases ** x 200,000/Total Employee Hours) "LWD"	0 0 0 0 0		0
Injuries and Illnesses involving medical treatment only. (Rate = Total Injuries and Illnesses involving medical treatment only x 200,000/Total Employee Hours)	1 .35	1 .37	0 0
Total OSHA Recordable Injury and Illness Rate (Rate = Total Injuries and Illnesses x 200,000/Total Employee Hours)	2 .70	2 .73	0 0

Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?

28. Yes No

SAFETY, HEALTH & ENVIRONMENTAL MANAGEMENT

29. Name of highest ranking safety/health professional in the company:

Name: Troy Wedgeworth	Title: Corp. Health & Safety Manager	Certifications: BCSP-Construction Health & Safety Technician OSHA 500 Instructor 30-Hour OSHA Construction Safety & Health
Phone: 281.664.7971	Fax: 281.664.7971	

This person reports to: Brad Birdwell Title: Owner/President

30. Do you have or provide:

- | | | |
|--|---|-----------------------------|
| A. Full time Safety/Health Director | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Full time Site Safety/Health Supervisor | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Full Time Job Safety/Health Coordinator | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

31. Do you have or provide:

- | | | |
|--|---|-----------------------------|
| A. Safety/Health Incentive program | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Company paid safety/health training | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

SAFETY, HEALTH & ENVIRONMENTAL PROGRAMS/PROCEDURES

- | | | |
|---|---|-----------------------------|
| 32. A. Do you have a written S, H & E Program? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Does the program address the following key elements? | | |
| 1. Management commitment and expectations | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Employee participation | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Accountabilities and responsibilities for managers, supervisors and employees | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Resources for meeting safety, health & environmental requirements | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Periodic safety and health performance appraisals for all employees | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Safety, Health & Environmental Recognition Program | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Does the program satisfy your responsibility under the law for: | | |
| 1. Ensuring your employees follow the safety rules of the facility | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Advising owner of any unique hazards presented by the contractor's work and of any hazards found by contractor | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

- | | | | |
|---|---|-----------------------------|---|
| 33. Does the program include work practices and procedures such as: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| A. Equipment Lockout and Tagout (LOTO) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Confined Space Entry | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Injury & Illness Recording/Reporting | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Fall Protection | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Personal Protective Equipment | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| F. Portable Electrical/Power Tools | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| G. Vehicle Safety | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| H. Compressed Gas Cylinders | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| I. Electrical Equipment Grounding Assurance | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| J. Powered Industrial Vehicles (Cranes, Forklifts, JLGs) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| K. Housekeeping | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| L. Accident/Incident Reporting | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| M. Unsafe Condition Reporting | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| N. Emergency Preparedness, including evacuation plan | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| O. Waste Disposal/Waste Minimization/Spill Prevention | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| P. Back Injury Prevention | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Q. Hazwoper Training | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| R. Heat Stress Prevention | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| S. Scaffold Building/Scaffold Use | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| T. General NDT & Radiography | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

<p>34. Do you have written programs for the following?</p> <p>A. Hearing Conservation</p> <p>B. Spill Prevention and Waste Minimization</p> <p>C. Hazard Communication</p> <p>D. Program to support the contractor requirement of the OSHA Process Safety Management of Highly Hazardous Chemicals; Explosives and Blasting Agents Standard (29 CFR 1910)</p> <p>E. Respiratory Protection</p> <p>Where applicable have employees been:</p> <p>Trained</p> <p>Fit Tested</p> <p>Medically approved</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35. Do you have a substance abuse program?</p> <p>If yes, does it include the following:</p> <ul style="list-style-type: none"> • Pre-placement Testing • Random Testing • Testing for Cause • DOT Testing • Post Incident Testing 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>36. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *See below</p> <p>If no, provide a description of your plan to assure that they can safely perform their jobs: For many of our employees English is a second language. We have bilingual superintendents and conduct training in English and Spanish as needed.</p>	
<p>37. Medical</p> <p>A. Do you conduct medical examinations for:</p> <ul style="list-style-type: none"> • Pre-placement – <i>As required by site:</i> • Pre-placement Job Capability • Hearing Function (Audiograms) • Pulmonary • Respiratory <p>B. Describe how you will provide first aid and other medical services for your employees while on site. Specify who will provide this service: G.R. Birdwell will have a local Occ. Med. Physician set up for medical assistance. Many superintendents are CPR/First Aid trained and G.R. Birdwell Construction will provide a Site Safety Rep., as needed, that will be CPR/First Aid trained.</p> <p>C. Do you have personnel trained to perform first aid and CPR?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>38. Do you hold site safety, health and environmental meetings for:</p> <ul style="list-style-type: none"> • Field Supervisors • Employees • New Hires • Subcontractors <p>Are the safety, health and environmental meetings documented?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weekly</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weekly</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weekly</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weekly</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>39. Personal Protection Equipment (PPE)</p> <p>A. Is applicable PPE provided for employees?</p> <p>B. Do you have a program to assure that PPE is inspected and maintained?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>40. Do you have a corrective action process for addressing individual safety and health performance deficiencies?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>41. Equipment and Materials:</p> <p>A. Do you have a system for establishing applicable health, safety and environmental specifications for acquisition of materials and equipment?</p> <p>B. Do you conduct inspections on operating equipment (e.g. cranes, forklifts, JLGs) in compliance with regulatory requirements?</p> <p>C. Do you maintain operating equipment in compliance with regulatory requirements?</p> <p>D. Do you maintain the applicable inspection and maintenance certification records for operating equipment?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

42. Subcontractors			
Do you use subcontractors? (If no, skip to question 43.)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
A.	Do you use safety, health and environmental performance criteria in selection of subcontractors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Do you evaluate the ability of subcontractors to comply with applicable safety, health and environmental requirements as part of the selection process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Do your subcontractors have a written Safety, Health and Environmental Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Do you include your subcontractors in:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	• Safety, Health & Environmental Orientation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	• Safety, Health & Environmental Meetings	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	• Safety, Health & Environmental Inspections	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	• Safety, Health & Environmental Audits	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

43. Inspections and Audits			
A.	Do you conduct Safety, Health & Environmental inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Do you conduct Safety, Health & Environmental program audits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Are corrections of deficiencies documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

SAFETY, HEALTH & ENVIRONMENTAL TRAINING

44. Safety, Health & Environmental Orientation		New Hires		Supervisors	
A.	Do you have a Safety & Health Orientation Program for new hires and newly hired or promoted supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Does the program provide instruction on the following:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	New Worker Orientation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Safe Work Practices	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Safety Supervision	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Toolbox Meetings	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Emergency Procedures	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	First Aid Procedures	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Incident Investigation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Fire Protection and Prevention	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Safety Intervention	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	Hazard Communication	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C.	How long is the orientation program?	6-8 Hours		2 Hours	
D.	Are written exams given?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

45. Safety, Health & Environmental Training			
A.	Do you know the regulatory safety, health and environmental training requirements for your employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Have your employees received the required safety, health and environmental training and retraining and is it documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C.	Do you have a specific safety, health and environmental training program for supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Are all employees trained in the work practices needed to safely perform his/her job?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
E.	Is each employee instructed in the known potential of fire, explosion or toxic release hazards related to this/her job, the process and the applicable provisions of the emergency action plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

CRAFT TRAINING AND ASSESSMENT

Data time frame: _____ to _____

Notes: 1. Data should be the best available applicable for your company's workforce (use average of last twelve months.)
 2. Training, Skills Assessment Testing and Performance Verification refer to nationally recognized programs such as NCCER, NCCCO and DOL BAT Programs.

If not applicable, please explain:

46.	Workforce	#	%
A.	Journeyman	31	13%
B.	Sub-Journeyman Trainees (NCCER or DOL BAT covered)	0	0%
C.	Helpers	33	14%
D.	Non-covered Journeymen Craftsmen	53	23%
E.	Non-covered Sub-Journeymen Craftsmen/Trainees/Helpers	68	29%
F.	Supervision (Foremen/General Foremen)	24	11%
G.	Professional (Safety, Scheduling/Engineering)	7	3%
H.	Administration/Management	18	7%
I.	Total Workforce	234	100%
47.	Do you have written Workforce Development Policies & Procedures?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
48.	Formal training for Sub-Journeymen Trainees		
A.	Do you have and maintain craft training records for employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Do you provide incentives to trainees to complete formal training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	% of sub-journeymen trainees that have completed all NCCER curriculum or DOL BAT and graduated		
	0%		
D.	% of S-J trainees presently enrolled in NCCER or DOL BAT Programs	0%	
E.	Is Company an accredited NCCER Training Sponsor or Unit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
49.	Assessments, Upgrade Training & Certification	#	%
A.	Journeyman craftsmen who have been assessed through the craft skills assessment process (see explanation)		
B.	Journeyman craftsmen who have been certified through written skills assessment testing?	64	27%
C.	Journeyman craftsmen who have been certified in more than one craft?		
D.	Journeyman craftsmen with skills deficiencies identified through assessment testing and receiving upgrade training?		
E.	Journeyman craftsmen in upgrade training to improve areas identified through assessment testing?		
F.	Do you provide incentives for journeymen to become certified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Do craftsmen have access to upgrade training to improve skills?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Is Company an accredited NCCER Assessment Center?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	When are craftsmen assessed?		
	<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Within 30 days	<input checked="" type="checkbox"/> Other, specify: As Needed per Project
50.	Performance Verification	#	%
A.	Journeyman craftsmen that have achieved verified performance	9	4%
B.	Journeyman craftsmen that have achieved both written certification and verified performance.	33	14%

COMMENTS/EXPLANATION

INFORMATION SUBMITTAL

The following documents are included with the completed PQF:

- | | |
|--|--|
| <input checked="" type="checkbox"/> EMR documentation from your insurance carrier | <input type="checkbox"/> Safety, Health & Environmental Training Schedule (Sample) |
| <input checked="" type="checkbox"/> Insurance Certificate(s) | <input type="checkbox"/> Safety, Health & Environmental Training for Supervisors (Outline) |
| <input checked="" type="checkbox"/> OSHA 200 and 300 Logs (Past 3 Years) | <input type="checkbox"/> Copy of Louisiana Contractor's License |
| <input type="checkbox"/> Safety, Health & Environmental Program | <input type="checkbox"/> Organization Chart |
| <input type="checkbox"/> Safety, Health & Environmental Incentive Program | <input type="checkbox"/> List of major equipment (e.g. cranes, JLGs, forklifts) your company has available for work at this facility |
| <input type="checkbox"/> Substance Abuse Program (Include Substances Tested & Levels) | <input type="checkbox"/> Equipment Lockout & Tagout (LOTO) |
| <input type="checkbox"/> Hazard Communication Program | <input type="checkbox"/> Confined Space Entry |
| <input type="checkbox"/> Respiratory Protection Program | <input type="checkbox"/> Fall Protection, Scaffold use, Scaffold building |
| <input type="checkbox"/> Housekeeping Policy | <input type="checkbox"/> Personal Protective Equipment |
| <input type="checkbox"/> Accident/Incident Investigation Procedure | <input type="checkbox"/> Portable Electric/Power Equipment |
| <input type="checkbox"/> Unsafe Condition Reporting Procedure | <input type="checkbox"/> Vehicle Safety |
| <input type="checkbox"/> Safety, Health & Environmental Inspection Form | <input type="checkbox"/> Compressed Gas Cylinders |
| <input type="checkbox"/> Safety, Health & Environmental Audit Procedure or Form | <input type="checkbox"/> Electrical Equipment Grounding Assurance |
| <input type="checkbox"/> Safety, Health & Environmental Orientation (Outline) | <input type="checkbox"/> Emergency Preparedness, including evacuation plan. |
| <input type="checkbox"/> Example of Employee Safety, Health & Environmental Training Records | <input type="checkbox"/> Waste Disposal |
| <input type="checkbox"/> Workforce Development Policies | <input type="checkbox"/> Back Injury Prevention |
| <input type="checkbox"/> NDT & Radiography Program | <input type="checkbox"/> Heat Stress Prevention |

NOTE: Owner checks items to be provided with PQF.

Fill in below Name & Title of Company Officer responsible for assuring the accuracy of this document:

Name: Troy Wedgeworth
Date: 5/23/18



Title: Corp. H&S Manager

EVALUATION

--OWNER USE ONLY--

DO NOT FILL OUT – OWNER USE ONLY:

Contractor is:

- Acceptable for Approved Contractor List
- Conditionally acceptable for Approved Contractors List
- Conditions:

Unacceptable

Reviewer: _____

Date: _____

CRYSTAL & COMPANY

The integrity of independence.

Crystal IBC LLC
2000 West Loop South
Suite 2150
Houston, TX 77027
DIRECT 713 624-6338
FAX 713 621-5425
MAIN 800-578-7250
Machelle.McKenzie@crystalco.com

May 15, 2018

E. Rene Satterfield
G.R. Birdwell Construction, L.P.
Houston, TX 77269

Re: Workers' Compensation Experience Modifiers

Dear Ms. Satterfield

This letter is to inform you of G.R. Birdwell Constructions, L.P Workers' Compensation historical experience modifiers are as follows:

➤ 5/15/2018 - 5/15/2019	.61
➤ 5/15/2017 - 5/15/2018	.58
➤ 5/15/2016 - 5/15/2017	.79
➤ 5/15/2015 - 5/15/2016	.89
➤ 5/15/2014 - 5/15/2015	.80
➤ 3/15/2013 - 5/15/2014	.65
➤ 3/15/2012 - 3/15/2013	.66
➤ 3/15/2011 - 3/15/2012	.64
➤ 3/15/2010 - 3/15/2011	.61
➤ 4/15/2019 - 3/15/2010	.63

If you should have any questions concerning this or any other insurance matter, please do not hesitate to contact Nicole Denning at (713) 624-6302 or me.

Crystal & Company values G.R Birdwell Construction, LP as a client and it is our pleasure to service your account.

Sincerely,



Machelle McKenzie, CIC, CRM
Managing Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Crystal & Company Crystal IBC LLC 32 Old Slip New York NY 10005	CONTACT NAME: Nicole Denning PHONE (A/C, No, Ext): 713-624-6302 E-MAIL ADDRESS: Nicole.denning@crystalco.com		FAX (A/C, No): 713-621-5425
	INSURER(S) AFFORDING COVERAGE		
INSURED G. R. Birdwell Construction, LP P.O. Box 690748 Houston TX 77269-0708	INSURER A : Allied World Assurance Company (U.S.) I		NAIC # 19489
	INSURER B : Allied World National Assurance Company		10690
	INSURER C : Allied World Specialty Insurance Compan		16624
	INSURER D : New Hampshire Insurance Company		23841
	INSURER E :		
	INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 423320474

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			03083626	5/15/2018	5/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 25,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			60000236	5/15/2018	5/15/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			03095910	5/15/2018	5/15/2019	EACH OCCURRENCE \$ 11,000,000 AGGREGATE \$ 11,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	1613183	5/15/2018	5/15/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractors Pollution ("CPL") and Professional Liability			03083634	5/15/2018	5/15/2019	Policy Aggregate \$10,000,000 CPL Per Occurrence \$10,000,000 Professional Per Act \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as an additional insured on all policies, except the Workers' Compensation and Professional, as required by written contract, but subject to the policy terms, conditions and exclusions and as permitted by law. All policies, except Professional, include a Blanket Waiver of Subrogation in favor of the certificate holder as required by written contract, but subject to the policy terms, conditions and exclusions and as permitted by law.

General Liability provides coverage for ongoing and completed operations in respects to the additional insured endorsement and the Umbrella Liability is follow form. General Liability Policy includes Primary and non-contributory wording as required by written contract, but subject to the policy terms, conditions and exclusions and as permitted by law. Per Project Aggregate under the General Liability is capped at \$10 million.

Umbrella Liability follows form of scheduled underlying policies: General Liability, Automobile Liability and Employers Liability

CERTIFICATE HOLDER**CANCELLATION**

Sample Certificate

..
..

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Crystal & Company

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

Summary of Work-Related Injuries and Illnesses

Year 2017



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	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	1	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	6
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	1

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the 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.

Establishment information

Your establishment name GR Birdwell Construction LP.,

Street 9721 Derrington

City Houston State Texas Zip 77064

Industry description (e.g., Manufacture of motor truck trailers)
Construction

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
1 5 4 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 8 1 1 0

Employment information

Annual average number of employees 234

Total hours worked by all employees last year 569,456.50

Sign here

Knowingly falsifying this document may result in a fine.

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

Troy Wedgeworth *Troy Wedgeworth* Corp.HS Manager
Company executive Title

281- 664-7971
Phone Date

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

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.

Form approved OMB no. 1218-0176

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

Establishment name GR Birdwell Construction LP.,

City Houston State Texas

Identify the person		Describe the case				Classify the case													
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)		
(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)														
001		Helper	6/19/17	Targa-north side of wall	Heat Exhaustion				x										x
002		Helper	12/20/17	Marathon-Loop 197	Knee-Torn Miniscus			X			6	x							
Page totals						0	0	1	1	0	6	1	0	0	0	0	0	0	1

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.

Injury (1) Skin Disorder (2) Respiratory Condition (3) Poisoning (4) Hearing Loss (5) All other illnesses (6)

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

Summary of Work-Related Injuries and Illnesses

Year 2016



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	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>0</u>	<u>32</u>
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	<u>2</u>	(4) Poisoning	<u>0</u>
(2) Skin Disorder	<u>0</u>	(5) Hearing Loss	<u>0</u>
(3) Respiratory Condition	<u>0</u>	(6) All Other Illnesses	<u>0</u>

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the 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.

Establishment information

Your establishment name GR Birdwell Construction LP.,

Street 9721 Derrington

City Houston State Texas Zip 77064

Industry description (e.g., Manufacture of motor truck trailers)
Construction

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

1 5 4 2

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

2 3 8 1 1 0

Employment information

Annual average number of employees 232

Total hours worked by all employees last year 546,052.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Troy Wedgeworth
Troy Wedgeworth
Company executive

Corp.HS Manager
Title

281- 664-7971
Phone

1/3/2017
Date

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

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.

Year 2016



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

Form approved OMB no. 1218-0176

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

Establishment name GR Birdwell Construction LP.,

City Houston State Texas

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Check the "injury" column or choose one type of illness:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer or restriction	Other recordable cases			(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1		Multicraft	7/16/16	Genesis	Foreign body to sternum			0	1			1					
2		Laborer	11/26/16	Enterprise	Fall from walking level (L) wrist fx			32	1			1					
Page totals						0	0	32	2	0	0	2	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.

Injury (1)
 Skin Disorder (2)
 Respiratory Condition (3)
 Poisoning (4)
 Hearing Loss (5)
 All other illnesses (6)

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

Summary of Work-Related Injuries and Illnesses

Year 2015



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

Number of Days

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

Injury and Illness Types

Total number of...	(M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

Public reporting burden for this collection of information is estimated to average 58 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.

Establishment information

Your establishment name GR Birdwell Construction LP

Street 9721 Derrington

City Houston State Texas Zip 77064

Industry description (e.g., Manufacture of motor truck trailers)
Construction

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
1 5 4 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 8 1 1 0

Employment information

Annual average number of employees 258

Total hours worked by all employees last year 668,709.50

Sign here

Knowingly falsifying this document may result in a fine.

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

<u>Troy Wedgeworth</u> Company executive	<u>Troy Wedgeworth</u> Corporate Health & Safety Manager Title
<u>281- 664-7971</u> Phone	<u>1/7/2016</u> Date

