# 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  
   **Mailing Address:** PO Box 690748  
   **Website:** www.grbirdwell.com

   **Contact Person:** Brad Birdwell  
   **Email:** Brad.birdwell@grbirdwell.com

2. **Officers:**

   **Owner/President:** Brad Birdwell, 32 years
   **Owner/CEO:** Gene Birdwell, 38 years
   **CFO:** John Lynch, 6 years

3. **How many years has your organization been in business under your present firm name?** 38 years

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):**

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Coverage</th>
<th>Telephone</th>
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</thead>
<tbody>
<tr>
<td>Allied World National</td>
<td>General Liability</td>
<td>See Attached Certificate</td>
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<tr>
<td>Commerce &amp; Industry</td>
<td>Workers Compensation</td>
<td>See Attached Certificate</td>
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<tr>
<td>Insurance Company</td>
<td>Automobile</td>
<td>See Attached Certificate</td>
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<tr>
<td>Darwin National</td>
<td>Construction Equipment</td>
<td>See Attached Certificate</td>
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<tr>
<td>Federal Insurance Co.</td>
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8. **Are you self insured for Worker's Compensation Insurance?** ☑️ 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:** 5/20/2015  
    **Telephone:** 281.664.7990  
    **Fax:** 281.664.7990  
    **Email:** rene.satterfield@grbirdwell.com
ORGANIZATION

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

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

13. A. Describe Services Performed
   - [x] Construction
   - [x] Construction Design
   - Original Equipment Manufacturer and Installer
   - [ ] Maintenance
   - Specialty Maintenance
   - Manpower and Resource

   Original Equipment Manufacturer and Maintenance
   Service Work (e.g. janitorial, clerical, etc.)
   Turnaround
   Engineering
   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

<table>
<thead>
<tr>
<th>C</th>
<th>S</th>
<th>1. Air Conditioning/Refrigeration</th>
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<th>12. Instrumentation</th>
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<td>Comfort Cooling/HVAC</td>
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<th>C</th>
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<th>13. Insulation</th>
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<td>Remodeling</td>
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<td>New (steel, brick, block, other)</td>
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<td>Asbestos Abatement</td>
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<th>3. Cleaning</th>
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<th>14. Linings/coatings for:</th>
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<td>Industrial</td>
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<th>15. Field Maintenance</th>
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<td>Concrete</td>
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<td>Excavation/Grading Paving</td>
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<td>-Asphalt</td>
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<td>-Concrete</td>
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<th>7. Inspection &amp; Testing</th>
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<th>18. Refractory/Acid Brick</th>
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<td>Infrared Scanning</td>
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<td>Acoustic Emission</td>
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<td>Cooling Tower</td>
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<td>High Alloy Welding (list type)</td>
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<td>Lead Lining</td>
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<td>Glass Lining</td>
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<td>Pipe Fabrication</td>
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<td>Mobil Equipment Repair</td>
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<td>20. Consulting</td>
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<td>Controls</td>
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<td>Structural Steel Fab/Erection</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Tank – Field Erection</td>
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Describe Additional Services Performed:

14. A. Do you normally employee: Union Personnel ☐ Non-Union Personnel ☒ Leased Personnel ☐
   If union, list trades/locals:
   B. Average number of employees for last 3 years: 209

15. Annual Dollar Volume for the Past Three Years: Our YE changed 2013
    YE: 12/2014 $61.0 MM  YE: 3/2013 $48.9 MM  YE: 3/2012 $43.9 MM

16. Largest Job During the Last 3 Years: $20.0 MM


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

19. Bank Line of Credit: n/a  Bonding Capacity: $30 MM
   Bank Reference: John Welch  Wells Fargo Bank: 713.319.1387

20. Major Jobs in Progress:

<table>
<thead>
<tr>
<th>Customer/Location</th>
<th>Type of Work</th>
<th>Size $</th>
<th>Customer Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valero/Houston, TX</td>
<td>Sitework/Concrete</td>
<td>9.3 MM</td>
<td>James Ermel</td>
<td>713.923.3560</td>
</tr>
<tr>
<td>Enterprise Products/Houston, TX</td>
<td>Sitework/Concrete</td>
<td>21.5 MM</td>
<td>Lloyd Ruddick</td>
<td>713.381.5515</td>
</tr>
<tr>
<td>Enterprise/OilTanking/ Houston, TX</td>
<td>Sitework/Concrete</td>
<td>2.0 MM</td>
<td>Lloyd Ruddick</td>
<td>713.381.5515</td>
</tr>
<tr>
<td>Magellan/Houston, TX</td>
<td>Sitework/Concrete</td>
<td>5.5 MM</td>
<td>Jamie Hoskin</td>
<td>918.574.7478</td>
</tr>
</tbody>
</table>

21. Major Jobs completed in the past three years:

<table>
<thead>
<tr>
<th>Customer/Location</th>
<th>Type of Work</th>
<th>Size $</th>
<th>Customer Contact</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunoco/Nederland, TX</td>
<td>Sitework/Concrete</td>
<td>13.5 MM</td>
<td>Jerry Robinson</td>
<td>918.633.7526</td>
</tr>
<tr>
<td>Rain CII Carbon/Sulphur, LA</td>
<td>Sitework/Concrete</td>
<td>4.5 MM</td>
<td>Jeremy Istre</td>
<td>337.558.5944</td>
</tr>
<tr>
<td>EF90/Buckeye/Corpus Christi, TX</td>
<td>Sitework/Concrete</td>
<td>8.5 MM</td>
<td>Matt Brackin</td>
<td>832.525.4056</td>
</tr>
</tbody>
</table>

22. Are there any judgments, claims or suits pending or outstanding against your company?  ☐ Yes ☒ No

23. Are you now or have you ever been involved in any bankruptcy or reorganization proceedings?  ☐ Yes ☒ No
SAFETY & HEALTH PERFORMANCE

24. Workers Compensation Experience Modification Rate (EMR) Data:
   a. EMR is:
      - Interstate rate
      - Intrastate rate
      - Monopolistic State rate
      - Dual Rate
   b. EMR for last three years:
      - YR: 5/2015 EMR: .89
      - YR: 5/2014 EMR: .80
      - YR: 3/2013 EMR: .65
   c. State of Origin: TX
   d. EMR Anniversary Date: 05/15/2016
   e. Standard Industrial Code (SIC): 1541/1542/1629
   f. Primary NAICS Codes: 238110/238190/213112/238910/236210

25. Injury and Illness Data:
   a. Total company employee hours worked last three years (excluding subcontractors):
      - Year: 2014 Total: 630434
      - Year: 2013 Total: 426536
      - Year: 2012 Total: 560047
   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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Field</th>
<th>Total</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>630434</td>
<td>426536</td>
<td>560047</td>
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</tbody>
</table>

   Fatalities
   Rate = Number of Fatalities x 200,000 /Total Employee Hours
   YR: 2014 0 0 0 0 1 .36
   YR: 2013 0 0 0 0 0 0
   YR: 2012 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
   YR: 2014 0 0 0 0 0 0
   YR: 2013 0 0 0 0 0 0
   YR: 2012 0 0 0 0 0 0

   Lost workday case injuries and illnesses involving days away from work.
   Rate = LW cases ** x 200,000/Total Employee Hours
   YR: 2014 0 0 0 0 0 0
   YR: 2013 0 0 0 0 0 0
   YR: 2012 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
   YR: 2014 1 .32 1 .47 0 0
   YR: 2013 1 .32 1 .47 0 0
   YR: 2012 1 .32 1 .47 1 .36

   Total OSHA Recordable Injury and Illness Rate
   Rate = Total Injuries and Illnesses x 200,000/Total Employee Hours
   YR: 2014 1 .32 1 .47 1 .36
   YR: 2013 1 .32 1 .47 1 .36
   YR: 2012 1 .32 1 .47 1 .36

26. Have you received any regulatory (EPA, OSHA, etc.), civil or criminal citations in the last three years?
   - Yes
   - No
   SEE ATTACHED
SAFETY, HEALTH & ENVIRONMENTAL MANAGEMENT

27. 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

28. Do you have or provide:  
   A. Full time Safety/Health Director ✗ Yes ☐ No  
   B. Full time Site Safety/Health Supervisor ✗ Yes ☐ No  
   C. Full Time Job Safety/Health Coordinator ✗ Yes ☐ No

29. Do you have or provide:  
   A. Safety/Health Incentive program ✗ Yes ☐ No  
   B. Company paid safety/health training ✗ Yes ☐ No

SAFETY, HEALTH & ENVIRONMENTAL PROGRAMS/PROCEDURES

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

31. Does the program include work practices and procedures such as:  
   A. Equipment Lockout and Tagout (LOTO) ✗ Yes ☐ No ☐ N/A  
   B. Confined Space Entry ✗ Yes ☐ No ☐ N/A  
   C. Injury & Illness Recording/Reporting ✗ Yes ☐ No ☐ N/A  
   D. Fall Protection ✗ Yes ☐ No ☐ N/A  
   E. Personal Protective Equipment ✗ Yes ☐ No ☐ N/A  
   F. Portable Electrical/Power Tools ✗ Yes ☐ No ☐ N/A  
   G. Vehicle Safety ✗ Yes ☐ No ☐ N/A  
   H. Compressed Gas Cylinders ✗ Yes ☐ No ☐ N/A  
   I. Electrical Equipment Grounding Assurance ✗ Yes ☐ No ☐ N/A  
   J. Powered Industrial Vehicles (Cranes, Forklifts, JLGs) ✗ Yes ☐ No ☐ N/A  
   K. Housekeeping ✗ Yes ☐ No ☐ N/A  
   L. Accident/Incident Reporting ✗ Yes ☐ No ☐ N/A  
   M. Unsafe Condition Reporting ✗ Yes ☐ No ☐ N/A  
   N. Emergency Preparedness, including evacuation plan ✗ Yes ☐ No ☐ N/A  
   O. Waste Disposal/Waste Minimization/Spill Prevention ✗ Yes ☐ No ☐ N/A  
   P. Back Injury Prevention ✗ Yes ☐ No ☐ N/A  
   Q. Hazwoper Training ✗ Yes ☐ No ☐ N/A  
   R. Heat Stress Prevention ✗ Yes ☐ No ☐ N/A  
   S. Scaffold Building/Scaffold Use ✗ Yes ☐ No ☐ N/A  
   T. General NDT & Radiography ✗ Yes ☐ No ☐ N/A
32. Do you have written programs for the following?
   |   | Yes | No | N/A |
   A. Hearing Conservation | ☒   | ☐   | ☐   |
   B. Spill Prevention and Waste Minimization | ☐   | ☒   | ☐   |
   C. Hazard Communication | ☐   | ☒   | ☐   |
   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) | ☒   | ☐   | ☐   |
   E. Respiratory Protection | ☒   | ☐   | ☐   |

Where applicable have employees been:
   |   | Yes | No | N/A |
   Trained | ☐   | ☒   | ☐   |
   Fit Tested | ☐   | ☒   | ☐   |
   Medically approved | ☐   | ☒   | ☐   |

33. Do you have a substance abuse program?
   If yes, does it include the following:
   |   | Yes | No |
   Pre-placement Testing | ☒   | ☐   |
   Random Testing | ☒   | ☐   |
   Testing for Cause | ☒   | ☐   |
   DOT Testing | ☒   | ☐   |
   Post Incident Testing | ☒   | ☐   |

34. Do your employees read, write and understand English such that they can perform their job tasks safely without an interpreter?
   ☒ Yes ☐ No

If no, provide a description of your plan to assure that they can safely perform their jobs:

35. Medical
   A. Do you conduct medical examinations for:
      |   | Yes | No | N/A |
      Pre-placement | ☐   | ☒   | ☐   |
      Pre-placement Job Capability | ☐   | ☒   | ☐   |
      Hearing Function (Audiograms) | ☐   | ☒   | ☐   |
      Pulmonary | ☐   | ☒   | ☐   |
      Respiratory | ☐   | ☒   | ☐   |
   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.
   C. Do you have personnel trained to perform first aid and CPR? | ☒ Yes ☐ No

36. Do you hold site safety, health and environmental meetings for:
   |   | Yes | No | Frequency |
   Field Supervisors | ☒   | ☐   | Weekly |
   Employees | ☒   | ☐   | Weekly |
   New Hires | ☒   | ☐   | Weekly |
   Subcontractors | ☒   | ☐   | Weekly |

Are the safety, health and environmental meetings documented? | ☒ Yes ☐ No

37. Personal Protection Equipment (PPE)
   A. Is applicable PPE provided for employees? | ☒ Yes ☐ No
   B. Do you have a program to assure that PPE is inspected and maintained? | ☒ Yes ☐ No

38. Do you have a corrective action process for addressing individual safety and health performance deficiencies? | ☒ Yes ☐ No

39. Equipment and Materials:
   A. Do you have a system for establishing applicable health, safety and environmental specifications for acquisition of materials and equipment? | ☒ Yes ☐ No ☐ N/A
   B. Do you conduct inspections on operating equipment (e.g. cranes, forklifts, JLGs) in compliance with regulatory requirements? | ☒ Yes ☐ No ☐ N/A
   C. Do you maintain operating equipment in compliance with regulatory requirements? | ☒ Yes ☐ No ☐ N/A
   D. Do you maintain the applicable inspection and maintenance certification records for operating equipment? | ☒ Yes ☐ No ☐ N/A
40. Subcontractors
   Do you use subcontractors? (If no, skip to question 43.)
   A. Do you use safety, health and environmental performance criteria in selection of subcontractors? ☒ Yes ☐ No
   B. Do you evaluate the ability of subcontractors to comply with applicable safety, health and environmental requirements as part of the selection process? ☒ Yes ☐ No
   C. Do your subcontractors have a written Safety, Health and Environmental Program? ☒ Yes ☐ No
   D. Do you include your subcontractors in:
      - Safety, Health & Environmental Orientation ☒ Yes ☐ No
      - Safety, Health & Environmental Meetings ☒ Yes ☐ No
      - Safety, Health & Environmental Inspections ☒ Yes ☐ No
      - Safety, Health & Environmental Audits ☒ Yes ☐ No

41. Inspections and Audits
   A. Do you conduct Safety, Health & Environmental inspections? ☒ Yes ☐ No
   B. Do you conduct Safety, Health & Environmental program audits? ☒ Yes ☐ No
   C. Are corrections of deficiencies documented? ☒ Yes ☐ No

SAFETY, HEALTH & ENVIRONMENTAL TRAINING

42. Safety, Health & Environmental Training
   A. Do you know the regulatory safety, health and environmental training requirements for your employees? ☒ Yes ☐ No
   B. Have your employees received the required safety, health and environmental training and retraining and is it documented? ☒ Yes ☐ No
   C. Do you have a specific safety, health and environmental training program for supervisors? ☒ Yes ☐ No
   D. Are all employees trained in the work practices needed to safely perform his/her job? ☒ Yes ☐ 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? ☒ Yes ☐ No

CRAFT TRAINING AND ASSESSMENT

Data time frame: to
1. Data should be the best available applicable for your company’s workforce (use average of last twelve months.)
Notes: 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:

43. Workforce
   A. Journeymen 28 12%
   B. Sub-Journeymen Trainees (NCCER or DOL BAT covered) 0 0%
   C. Helpers 33 14%
   D. Non-covered Journeymen Craftsmen 58 25%
   E. Non-covered Sub-Journeymen Craftsmen/Trainees/Helpers 67 29%
   F. Supervision (Foremen/General Foremen) 21 9%
   G. Professional (Safety, Scheduling/Engineering) 7 3%
   H. Administration/Management 18 8%
   I. Total Workforce 232 100%

44. Do you have written Workforce Development Policies & Procedures? ☐ Yes ☒ No

45. Formal training for Sub-Journeymen Trainees
   A. Do you have and maintain craft training records for employees? ☐ Yes ☒ No
   B. Do you provide incentives to trainees to complete formal training? ☐ Yes ☒ 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? ☒ Yes ☐ No
<table>
<thead>
<tr>
<th></th>
<th>Assessments, Upgrade Training &amp; Certification</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Journeymen craftsmen who have been assessed through the craft skills assessment process (see explanation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Journeymen craftsmen who have been certified through written skills assessment testing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Journeymen craftsmen who have been certified in more than one craft?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Journeymen craftsmen with skills deficiencies indentified through assessment testing and receiving upgrade training?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Journeymen craftsmen in upgrade training to improve areas identified through assessment testing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Do you provide incentives for journeymen to become certified?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>G</td>
<td>Do craftsmen have access to upgrade training to improve skills?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>H</td>
<td>Is Company an accredited NCCER Assessment Center?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I</td>
<td>When are craftsmen assessed?</td>
<td>Pre-employment</td>
<td>Within 30 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Performance Verification</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Journeymen craftsmen that have achieved verified performance</td>
<td>13</td>
<td>5%</td>
</tr>
<tr>
<td>B</td>
<td>Journeymen craftsmen that have achieved both written certification and verified performance.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS/EXPLANATION**
# INFORMATION SUBMITTAL

The following documents are included with the completed PQF:

- ☑ EMR documentation from your insurance carrier
- ✓ Insurance Certificate(s)
- ✓ OSHA 200 and 300 Logs (Past 3 Years)
- ✓ Safety, Health & Environmental Program
- ✓ Safety, Health & Environmental Incentive Program
- ✓ Substance Abuse Program (Include Substances Tested & Levels)
- ✓ Hazard Communication Program
- ✓ Respiratory Protection Program
- ✓ Housekeeping Policy
- ✓ Accident/Incident Investigation Procedure
- ✓ Unsafe Condition Reporting Procedure
- ✓ Safety, Health & Environmental Inspection Form
- ✓ Safety, Health & Environmental Audit Procedure or Form
- ✓ Safety, Health & Environmental Orientation (Outline)
- ✓ Example of Employee Safety, Health & Environmental Training Records
- ✓ Workforce Development Policies
- ✓ NDT & Radiography Program
- ☑ Safety, Health & Environmental Training Schedule (Sample)
- ☑ Safety, Health & Environmental Training for Supervisors (Outline)
- ☑ Copy of Louisiana Contractor’s License
- ☑ Organization Chart
- ☑ List of major equipment (e.g. cranes, JLGs, forklifts) your company has available for work at this facility
- ☑ Equipment Lockout & Tagout (LOTO)
- ☑ Confined Space Entry
- ☑ Fall Protection, Scaffold use, Scaffold building
- ✓ Personal Protective Equipment
- ✓ Portable Electric/Power Equipment
- ✓ Vehicle Safety
- ✓ Compressed Gas Cylinders
- ✓ Electrical Equipment Grounding Assurance
- ✓ Emergency Preparedness, including evacuation plan.
- ✓ Waste Disposal
- ✓ Back Injury Prevention
- ✓ 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  
Title: Corp. H&S Manager  
Date: 05/21/2015

---

## 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: ___________________________
May 21, 2015

To Whom It May Concern,

G.R. Birdwell Construction suffered a loss of human life at a jobsite on Friday, September 21st, 2012 shortly before noon. The employee became pinned between a concrete wall and a small trench roller that he was operating. The description of events that our investigators received from employees who were on the jobsite at the time of the accident led the investigators to believe that the deceased may have suffered a heart attack which did not allow him to move out of the path of the slow moving piece of equipment. Unfortunately the coroner did not investigate this possibility. Due to the circumstances of the accident, G.R. Birdwell Construction was cited for the equipment and has made restitution to OSHA. Additionally, on Monday December 2nd, 2013, we received word from our attorney that the judge granted in favor of G.R. Birdwell Construction in a summary judgment motion; thereby disposing of the civil court case.

In our continued commitment to safety, G.R. Birdwell Construction has abated the citation by replacing the piece of equipment in question with two new models that include all the current safety measures. The piece of equipment involved will not return to service and will be destroyed at the completion of all investigations. While the topic of pinch points and tight spaces was covered in July immediately preceding the accident, we have also made it a subject for a stand down safety meeting for all our employees, as well as a repeated toolbox safety meeting topic for the future.

Our TIRR (OSHA Total Incident Rate of Recordable Cases) including this incident for 2012 is .36 and our current EMR is .89.

We would very much appreciate the opportunity to share our ongoing commitment to safety and to answer any questions in relation to the details of this incident. Please contact our Corporate Health & Safety Manager, Troy Wedgeworth, at 832.213.8571 if you would be interested in meeting.

Sincerely,

Brad Birdwell
Managing Partner
May 15, 2015

E. Rene Satterfield  
G. R. Birdwell Construction, LP  
P.O. Box 690748  
Houston, TX  77269  

Re: Workers’ Compensation Experience Modifiers  

Dear Ms. Satterfield:  

This letter is to inform you the G.R. Birdwell Construction, LP Workers’ Compensation historical experience modifiers are as follows:  

- 05/15/15 – 05/15/16   .89  
- 05/15/14 – 05/15/15   .80  
- 03/15/13 – 05/15/14   .65  
- 03/15/12 – 03/15/13   .66  
- 03/15/11 – 03/15/12   .64  
- 03/15/10 – 03/15/11   .61  
- 04/15/09 – 03/15/10   .63  
- 04/15/08 – 04/15/09   .75  

If you should have any questions concerning this or any other insurance matters, please do not hesitate to contact Machelle McKenzie (713)624-6338 or me.  

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

Sincerely,  

Erika D. Davis  
Account Executive  

cc: Machelle McKenzie, CIC, CRM  
Director
# Certificate of Property Insurance

**Property**

<table>
<thead>
<tr>
<th>Causes of Loss</th>
<th>Basic</th>
<th>Broad</th>
<th>Special</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earthquake</td>
<td>Flood</td>
<td>Wind</td>
<td></td>
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</tbody>
</table>

**Causes of Loss**

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Builder</th>
<th>Personal Property</th>
<th>Business Income</th>
<th>Extra Expense</th>
<th>Rental Value</th>
<th>Blanket Building</th>
<th>Blanket Prop</th>
<th>Blanket Bldg &amp; Prop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Contents</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Rental Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Extra Expense</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Inland Marine**

<table>
<thead>
<tr>
<th>Causes of Loss</th>
<th>Named Perils</th>
<th>Type of Policy</th>
<th>Policy Number</th>
<th>Max Per Loss</th>
<th>Max Per Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic</td>
<td>A Special Form</td>
<td>Contractors Equipment</td>
<td>6635172</td>
<td>$2,000,000</td>
<td>$900,000</td>
</tr>
</tbody>
</table>

**Special Conditions / Other Coverages**

Certificate holder is named as a loss payee under the Contractors Equipment as their interest may appear. Rented/Leased Equipment under the Contractors Equipment applies to equipment being rented/leased under 12 months. Policy includes boom & jib overload.

**Certificate Holder**

Sample Certificate

---

**Cancellation**

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

---

© 1995-2009 ACORD Corporation. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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 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
Frank Crystal & Co of TX, Inc.
dba Crystal & Company
2000 West Loop S., #1800
Houston TX 77277-7723

CONTACT NAME: Machelle McKenzie, CIC
E-MAIL: Address-machelle.mckenzie@crystalco.com

INSURED
G. R. Birdwell Construction, LP
P.O. Box 690748
Houston TX 77269-0708

CERTIFICATE HOLDER
GRBIRD

COVERAGES

<table>
<thead>
<tr>
<th>INSURER</th>
<th>AFFORDING COVERAGE</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied World Assurance Company (U.S)</td>
<td>19489</td>
<td></td>
</tr>
<tr>
<td>Allied World National Assurance Com</td>
<td>10690</td>
<td></td>
</tr>
<tr>
<td>Commerce and Industry Insurance Com</td>
<td>19410</td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATE NUMBER: 1796417279

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.

<table>
<thead>
<tr>
<th>INSURER LTR</th>
<th>TYPE OF INSURANCE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>GENERAL LIABILITY</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>AUTO LIABILITY</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td></td>
</tr>
</tbody>
</table>

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

Certificate holder is included as an additional insured on all policies, except the Workers' Compensation, CPL and Professional, as required by written contract, but subject to the policy terms, conditions and exclusions and as permitted by law. All policies, except CPL and 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 Excess See Attached...

CERTIFICATE HOLDER

Sample Certificate

CANCELLATION

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

© 1988-2010 ACORD CORPORATION. All rights reserved.
### ADDITIONAL REMARKS SCHEDULE

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NAMED INSURED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Crystal &amp; Co of TX, Inc.</td>
<td>G. R. Birdwell Construction, LP</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 690748</td>
</tr>
<tr>
<td></td>
<td>Houston TX 77269-0708</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>CARRIER</th>
<th>NAIC CODE</th>
<th>EFFECTIVE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

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.

General Liability, Automobile Liability and Employers Liability are underlying policies under the Umbrella.
OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no 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 1904.25. In OSHA's Recordkeeping rule, for further details on access provisions for these forms.

<table>
<thead>
<tr>
<th>Total number of deaths</th>
<th>Total number of cases with days away from work</th>
<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(J)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Total number of...</th>
</tr>
</thead>
<tbody>
<tr>
<td>(M)</td>
</tr>
<tr>
<td>(1) Injury</td>
</tr>
<tr>
<td>(2) Skin Disorder</td>
</tr>
<tr>
<td>(3) Respiratory</td>
</tr>
<tr>
<td>Condition</td>
</tr>
<tr>
<td>(4) Poisoning</td>
</tr>
<tr>
<td>(5) Hearing Loss</td>
</tr>
<tr>
<td>(6) All Other Illnesses</td>
</tr>
</tbody>
</table>

Establishment information

Your establishment name: QR Brintell Construction LP.
Street: 3721 Derlington
City: Houston
State: Texas
Zip: 77094

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

Standard Industrial Classification (SIC) (known e.g., SIC 3713)

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

Employment information

Annual average number of employees: 221
Total hours worked by all employees last year: 560,047.25

Sign here

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

Jerry Travaillest
Company executive
281-654-7977
Date: 05/09/12

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: U.S. Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.
OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

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

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

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

Number of Cases

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

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

Injury and Illness Types

<table>
<thead>
<tr>
<th>Total number of...</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>1</td>
</tr>
<tr>
<td>Skin Disorder</td>
<td>0</td>
</tr>
<tr>
<td>Respiratory Condition</td>
<td>0</td>
</tr>
</tbody>
</table>

(4) Poisoning
(5) Hearing Loss
(6) All Other Illnesses

Employment information

<table>
<thead>
<tr>
<th>Annual average number of employees</th>
<th>174</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total hours worked by all employees last year</td>
<td>426,536.00</td>
</tr>
</tbody>
</table>

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.

Jerry Travelstead
Corp. HS Manager

Company executive

281-654-7871

Phone

Date 1/15/2014

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

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

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

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---

### Employment Information

<table>
<thead>
<tr>
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<th>Total number of cases with job transfer or restriction</th>
<th>Total number of other recordable cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of deaths</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(G)</td>
<td>(H)</td>
<td>(I)</td>
<td>(J)</td>
</tr>
</tbody>
</table>

### Number of Days

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

### Injury and Illness Types

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

Sign here

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

Manuel Partida  
Corp. HS Manager

281-664-7971  1/7/2015

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

Company Name: G.R. Birdwell Construction, LP
Inspection Site: 15602 San Jacinto Port, Channelview, TX 77530

Citation 1 Item 1 Type of Violation: Serious

OSH ACT of 1970 Section (5)(a)(1):
The employer does not furnish to each of his employees employment and a place of employment which are free from the recognized hazards of being caught in-between which are causing or likely to cause death or serious physical harm to employees:

This violation was observed on or about September 21, 2012, at San Jacinto Port, Channelview, Texas, where employees were exposed to a caught in-between hazard when manually operating the Dynapac Vibratory Trench Compactor while backfilling dirt in close proximity of a concrete wall without functioning safety and mechanical devices.

Pursuant to 29 C.F.R. 1903.19, within ten (10) calendar days of the abatement date, the employer must submit documentation describing the actions it is taking to ensure that machines are maintain and operated in accordance with manufacturer's instructions.

In The Alternative

29 CFR 1926.20(b)(3):
Machinery, tool(s), material(s), or equipment which was not in compliance with the applicable requirement(s) of 29 CFR 1926 was not prohibited, and/or was not either identified as unsafe by tagging, or locking the controls to render them inoperable, or physically removed from its place of operation.

The employer does not ensure safety and mechanical devices are functioning. This violation was observed on or about September 21, 2012 at San Jacinto Port, where employees were exposed to a caught in-between hazard when operating a Dynapac Vibratory Trench Compactor during backfilling dirt without ensuring that the machinery was functioning properly.

Pursuant to 29 C.F.R. 1903.19, within ten (10) calendar days of the abatement date, the employer must submit documentation describing the actions it is taking to ensure that machines are maintain and operated in accordance with manufacturer's instructions.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.
Citation and Notification of Penalty

Company Name: G.R. Birdwell Construction, LP
Inspection Site: 15602 San Jacinto Port, Channelview, TX 77530

Among other feasible methods to correct the identified hazard, one method would be to operate and maintain equipment in accordance with Dynapac's operation and maintenance instructions.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated: 11/19/2012
Proposed Penalty: $6300.00

David A. Doucet
Area Director