



**Canal
Corporation**

Bridge Inspection and
PROJECT NAME: Load Rating **PROJECT NUMBER:** K24-10356119AN-M

SAFETY PERFORMANCE QUESTIONNAIRE:

Contractor Name	Greenman-Pedersen, Inc
Address	4950 Genesee Street, Suite 100, Buffalo, NY 14225
Your Companies (NAICS)*	SIC 8711 or NAIC 54133
Telephone Number	716-633-4844
Fax Number	--
Today's Date	March 13, 2025
Health & Safety Contact Name	Jonathan Herman, P.E.
Specialty Trade	Engineering

*North American Industrial Classification System (NAICS) codes identify a firm's primary business activity

New York State Canals Corporation ("Corporation") is committed to working with safe contractors. Toward that end, the Corporation has established "Acceptable/Not Acceptable" criteria to help find contractors with effective safety programs.

Before your organization will be allowed to work at a Corporation site, your safety performance will be compared to the criteria specified below. If your performance is not considered "Acceptable", the Corporation may deem your entity as not responsible. An explanation of our "Acceptable/Not Acceptable" criteria is provided in the table below.

<u>Targets Based on 3-year averages</u>	<u>Acceptable (Green)</u>	<u>Not Acceptable (Red)</u>
Except fatalities		
Number of Fatalities within the last 5-years (Vehicular fatalities excluded)	No fatalities within 5-years	Fatalities within a 5-years
Experience Modification Rate (EMR) for the current and two previous years (see Section A. Below)	Equal or less than 1.10	Greater than 1.10
Confirmed OSHA Citations	3 or less serious citations within the most recent 3-years with no willful or repeat citations	More than 3 serious citations within the most recent 3-years or any willful or repeat citations
Total Recordable Incident Rate	Equal or less than 3-year industry average	Greater than 3-year industry average
DART Rate	Equal or less than 3-year industry average	Greater than 3-year industry average

YOUR ORGANIZATION'S PAST SAFETY PERFORMANCE

A. Worker's Compensation Insurance – Experience Modification Rate (EMR)

Please obtain from your insurance agent (or state fund, if applicable) your EMR for the last three (3) rating periods. Then complete the following data:

	Effective Dates	Modification Rates
Current policy year	12/31/2023	0.86
1 year previously	12/31/2022	0.99
2 years previously	12/31/2021	0.98

If your EMR is exactly 1.0 for any policy year, is it because your firm is (or was) too new or too small to have an EMR calculated?
 YES NO



Bridge Inspection and
PROJECT NAME: Load Rating **PROJECT NUMBER:** K24-10356119AN-M

SAFETY PERFORMANCE QUESTIONNAIRE:

Is your firm self-insured for Worker's Compensation Claims? YES X NO

We require documentation for the above information. Any of the following methods are acceptable:

- Furnish a letter from your insurance agent, insurance carrier, or state fund (on their letterhead) verifying the EMR data listed above; or
- Furnish copies of the last three years' **Experience Modification Rating Calculation Sheets** which your insurance carrier should forward to you annually; or
- Furnish a copy of the page from each of your last three year's insurance policies showing the modification rate and the coverage period; or
- If you are in a "State Fund" state, furnish a copy of the state's last three years annual statement pages showing the modification rate and the coverage period.

EMR PASS / FAIL CRITERIA

- **Acceptable** – The organization's current Worker's Compensation Insurance Experience Modification Rate (EMR) is less than or equal to 1.10
- **Acceptable** – The organization's current EMR is greater than 1.10, if the trend for the last three years is downward and no single EMR in that period is above 1.20, and the TIR is less than the industry average.
- **Not Acceptable** – The organization cannot meet the "Acceptable" criteria listed above.

B. OSHA Recordable Incidents

Furnish a copy of your organization's OSHA 300 Log for the last three years. It is unlikely we can qualify your organization to bid the Corporation's work without your OSHA 300 Log.

Some firms are not required to complete the OSHA 300 Log because they have too few employees (less than ten at any time during the calendar year) or are exempted by virtue of the services they perform. If you do not complete an OSHA 300 Log, is it because your organization has too few employees?

YES NO N/A X

Or is it because your organization performs a service which is exempted from completing an OSHA 300 Log?

YES NO N/A X

If you do not complete an OSHA 300 Log and you answered "No" to the previous questions, please explain:
Not Applicable

As per 29 CFR PART 1904 -- Recording and Reporting Occupational Injuries and Illnesses, using the OSHA 300 Logs from the last three years and current year, complete the following:

	Worker's Compensation Interstate Experience Modification Record (EMR)	3 Yrs. Previous	2 Yrs. Previous	1 Yr. Previous	Current Year
A	Number of cases of work related deaths from column	0	0	0	
B	Number of cases with days away from work from column	1	3	3	
C	Number of cases with job transfer or restrictions for column	0	0	0	
D	Total number of recordable cases	2	3	3	
E	Total number of employee hours worked for year	2,807,987	2,995,546	3,067,406	
F	Total number of employees	1,293	1,439	1,475	
G	Total Recordable Injury Rate (Total Incident Rate) (TIR)	0.14	0.20	0.20	
H	DART RATE : (Days Away Restricted Transfer)	0.07	0.20	0.20	

(G) Recordable Injury Rate (Incidence Rate)

$$\frac{(D)}{(E)} \times 200,000$$

(H) DART Rate

$$\frac{(B) + (C)}{(E)} \times 200000$$

HEALTH & SAFETY PROGRAM

Do you have a formal (written) safety program? YES X NO

If yes, please provide a copy of the Table of Contents from your program. NOTE: If you are approved, you will be required to provide a full copy of your safety program, as well as a Site Specific Health and Safety Plan (HASP) relating to your project specific job tasks for the Corporation.



Bridge Inspection and
PROJECT NAME: Load Rating

SAFETY PERFORMANCE QUESTIONNAIRE:

PROJECT NUMBER: K24-10356119AN-M

CRITERIA

If your organization does not pass our "Acceptable/Not Acceptable" safety criteria, we invite you to explain why, and the steps being taken to improve your safety performance.

Extraneous Circumstances (if EMR is above 1.1, TIR or DART above industry standard)

Not Applicable

Specific steps to be taken to improve safety program:

Not Applicable

Return one (1) copy of this completed form and the associated documentation required to:
 New York Canals Corporation

	REVIEWER TITLE	SIGNATURE	DATE
APPROVED			
DISAPPROVED			

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

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)
0	3	0	3

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)
169	0

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave., NW, Washington, DC 20210. Do not send the completed forms to this office.

Year 2023

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

Form approved OMB no. 1218-0176

Establishment information

Your establishment name Greenman-Pedersen, Inc.

Street 325 W Main Street

City Babylon State New York Zip 11702

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

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

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

Employment information

Annual average number of employees 1475

Total hours worked by all employees last year 3,067,406.00

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.

Alice M. Chang
Company executive

VP/CDHS
Title

631-587-5060
Phone

1/22/2024
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 2023



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

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 the form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name Greenman-Pedersen, Inc.

Greenman-Pedersen, Inc.

Form approved OMB no. 1218-0176

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
--------	---------------	-----------------------	-----------	--------------	---------------------

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

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(G)	(H)	(I)	(J)
0	3	0	3

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)
20	0

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave., NW, Washington, DC 20210. Do not send the completed forms to this office.

Year 2022

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

Form approved OMB no 1218-0176



Establishment Information

Your establishment name Greenman-Padersen, Inc.

Street 325 W Main St.

City Babylon State New York Zip 11702

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

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

8 7 1 1

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

Employment Information

Annual average number of employees 1439

Total hours worked by all employees last year 2,995,548.00

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.

Patrick McKinney

Company executive

VP/CDHS
Title

631-567-5030
Phone

1/30/2023
Date

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 2022

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

Form approved OMB no. 1218-0178

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 Greenman-Pedersen, Inc.City Babylon State NY**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	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)						
2 [REDACTED]	Senior Inspector		6/15/22	Ravenna Roed Chardon, OH	Employee was inspecting a Culvert when he slipped in mud and landed on a concrete footer cutting his left hand requiring 9 stitches				X			X					
7 [REDACTED]	Inspector		11/2/22	8700 Washington Blvd. Jessup, MD	Employee was conducting an inspection when he stepped over a Curfux on a slight incline and his boot became caught causing his elbow to push into his ribs. Employee suffered a fractured 5th rib on his left side and a cartilage tear of his 6th rib.							X					
8 [REDACTED]	Inspector		12/9/22	Kingston, NY	Employee was conducting an inspection when he tripped over a barrier and fell on his right knee cutting it and requiring 3 stitches				X			15		X			
4 [REDACTED]	Technician		9/1/22	Riverside Dr. Methuen, MA 01844	Employee was conducting a survey in a wooded area when he encountered poison ivy. Employee caught poison ivy on his arms, legs, and right foot				X			3		X			
9 [REDACTED]	Inspector		12/12/22	1234 US-46 Clifton, NJ	Employee was returning to his truck when he stepped on a rock causing pain in his foot. Employee tore his Achilles tendon.							X		X			
1 [REDACTED]	Inspector		6/8/22	158B3 Pe 286	Employee was sitting in her vehicle writing her inspection reports when a contractor was driving up the road in a skid steer with an attached cutting wheel and hit her car. Employee suffered a strained neck, back, and a headache.				X			2		X			

Page totals 0 3 0 3 20 0 5 1 0 0 0 0

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
--------	---------------	-----------------------	-----------	--------------	---------------------

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 (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
(G)	(H)	(I)	(J)
0	1	0	2

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
(K)	(L)
89	0

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons 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-3564, 200 Constitution Ave., NW, Washington, DC 20210. Do not send the completed forms to this office.

Year 2021

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176



Establishment information

Your establishment name Greenman-Pedersen, Inc.

Street 325 W Main St.

City Babylon State New York Zip 11702

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

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

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

Employment information

Annual average number of employees 1283

Total hours worked by all employees last year 2,807,987.00

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.

Patrick McKinney

Company executive

VP/CDH&S

Title

631-587-5060

Phone

1/31/2022

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 2021



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

Файл зберігнув ОМВ № 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

Greenman-Pedersen, Inc.

City Babylon

State **New York**

Identify the person

Describe the case

Classify the case

• 17 •

af

(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 (glove) 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	On job transfer or restriction	Away From Work (days)	On job transfer or restriction (days)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	All other illnesses
(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)						
1	[REDACTED] Assistant Engineer	8/18/21	Intersection of Silver Mountain Rd and County Rte. 5, Northeast, NY 12548	Employee was stepping over a water diversion pipe and a piece of pipe pierced his right foot		0	1	0		1							
2	[REDACTED] Business Development Manager	10/18/21	2608 Hartford Rd, Milford Twp., PA 18834	Employee was entering the building from the roof and thought the floor and step were level, but the floor was a foot lower and employee fell breaking his right arm.			1			1							
3	[REDACTED] Diver	10/26/21	Oswego River, Oswego, NY	Employee was entering the Oswego River to conduct an underwater inspection and caught his right foot on riprap causing a bone bruise		1		69		1							
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
41																	
42																	
43																	
44																	
45																	
46																	
47																	
48																	
49																	
50																	
51																	
52																	
53																	
54																	
55																	
56																	
57																	
58																	
59																	
60																	
61																	
62																	
63																	
64																	
65																	
66																	
67																	
68																	
69																	
70																	
71																	
72																	
73																	
74																	
75																	
76																	
77																	
78																	
79																	
80																	
81																	
82																	
83																	
84																	
85																	
86																	
87																	
88																	
89																	
90																	
91																	
92																	
93																	
94																	
95																	
96																	
97																	
98																	
99																	
100																	
101																	
102																	
103																	
104																	
105																	
106																	
107																	
108																	
109																	
110																	
111																	
112																	
113																	
114																	
115																	
116																	
117																	
118																	
119																	
120																	
121																	
122																	
123																	
124																	
125																	
126																	
127																	
128																	
129																	
130																	
131																	
132																	
133																	
134																	
135																	
136																	
137																	
138																	
139																	
140																	
141																	
142																	
143																	
144																	
145																	
146																	
147																	
148																	
149																	
150																	
151																	
152																	
153																	
154																	
155																	
156																	
157																	
158																	
159																	
160																	
161																	
162																	
163																	
164																	
165																	
166																	
167																	
168																	
169																	
170																	
171																	
172																	
173																	
174																	
175																	
176																	
177																	
178																	
179																	
180																	
181																	
182																	
183																	
184																	
185																	
186																	
187																	
188																	
189																	
190																	
191																	
192																	
193																	
194			</td														

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Page 1 of 1

Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss
--------	---------------	-----------------------	-----------	--------------

PG Genatt

Nicholas Toumbekis - Managing Partner/General Counsel

January 31, 2024

Greenman-Pedersen, Inc.
325 W. Main Street
Babylon, New York 11702

Re: Experience Modification Rate
NCCI RISK ID NUMBER: 910927884 (NCCI)

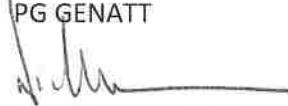
To Whom It May Concern,

As requested, your most recent experience modification rating (EMR) is as follows:

Effective Date	EMR
12/31/2023	.86

Should you have any questions or concerns, please feel free to contact our office.

Sincerely,

PG GENATT

Nicholas Toumbekis
General Counsel

PG Genatt

Nicholas Toumbekis - Managing Partner/General Counsel

June 28, 2023

Greenman-Pedersen, Inc.
325 W. Main Street
Babylon, New York 11702

Re: Historical Experience Modification Rates
RISK ID NUMBER: 325021

To Whom It May Concern,

As requested, your most recent experience modification rating (EMR) is as follows:

Effective Date	EMR
*12/31/2022	.99

***Please note:** The annotated Experience Modification Rates provide a "net" EMR. As noted, 2018 had a single uncharacteristically large claim with lost time that occurred that, based on the calculation method, resulted in a disproportionate increase in the EMR. Genatt views this as an atypical event as there is nothing in Greenman-Pedersen Inc.'s ("GPI") safety history or metrics that indicates a pattern or frequency of unsafe practices.

Due to the nature of the EMR calculation and the fact that it is a trailing indicator, the future 2023 EMR is likely not adversely affected as the subject claim occurred several years ago and there have been any material safety performance or occurrence of safety related incidents. It is our finding that the 2022 calculation is not representative of any decline in GPI's safety program effectiveness.

Please feel free to contact our office should you have any questions or concerns.

Sincerely,



PG GENATT
Nicholas Toumbekis
General Counsel

*The EMR rating with the inclusion of this claim would be 1.11 for 12/31/2022

PG Genatt

Nicholas Toumbekis – Managing Partner/General Counsel

April 9, 2024

Greenman-Pedersen, Inc.
325 W. Main Street
Babylon, New York 11702

Re: Historical Experience Modification Rate
RISK ID NUMBER: 910927884

To Whom It May Concern,

As requested, your experience modification rating (EMR) for 12/31/2021 are as follows:

Effective Date	EMR
*12/13/2021	.98

***Please note:** The annotated Experience Modification Rates provide a “net” EMR. As noted, 2021 had a single uncharacteristically large claim with lost time that occurred that, based on the calculation method, resulted in a disproportionate increase in the EMR. Genatt views this as an atypical event as there is nothing in Greenman-Pedersen Inc.’s (“GPI”) safety history or metrics that indicates a pattern or frequency of unsafe practices.

Due to the nature of the EMR calculation and the fact that it is a trailing indicator, the future 2021 EMR may be adversely affected despite the fact that there has been no appreciable negative change in GPI’s safety performance or occurrence of safety related incidents. It is our finding that the 2021 calculation is not representative of any decline in GPI’s safety program effectiveness.

Please feel free to contact our office should you have any questions or concerns.

Sincerely,

Nicholas Toumbekis
General Counsel

*The EMR rating with the inclusion of this claim would be 1.31 for 12/31/2021.

Table of Contents

Contents

Revision Log	1
Table of Contents	2
1 General Information (OSHA Subpart A)	6
1.1 Written Plan.....	6
Definitions	6
1.2 Introduction to the HASP.....	7
1.3 Project Site Safety.....	8
1.4 Site Specific Safety Plan/Job Hazard Analysis (JHA)	8
1.5 Safety – First Priority	9
1.6 Safety Program Goal.....	9
1.7 Safety Policy.....	10
1.8 Corporate Safety Team (CST)	10
1.9 Safety Team Members.....	11
1.10 Individual Cooperation is Necessary	11
1.11 Safety Rules for All Employees	12
1.12 Employee Safety Suggestions.....	12
1.13 Communication	12
1.14 Training.....	13
1.15 Reporting	14
1.16 Internal Accident Investigations.....	15
1.17 OSHA Investigations	15
1.18 Safety Audits.....	15
1.19 Workplace Inspections	16
1.20 Behavior Based Safety	16
1.21 Risk Assessment.....	16
Categories of Risk Factor and their numerical values	17
Sample Risk Analysis Form	17
1.22 Required Recordkeeping	17
1.23 Non-Conformance/Corrective Action/Discipline	18
  1.24 Personal Protective Equipment (PPE)	19
1.26 Housekeeping	20
1.25 Hand Tools.....	20

1.27 Emergencies	20
1.28 Outbreak of a Biological or Viral Contagion	21
1.29 Smoking/Vaping and Fire Safety	23
1.30 Definitions	24
1.31 First Aid.....	24
1.32 Blood Borne Pathogens	25
2 Code of Safe Work Practices (OSHA Subpart C)	26
2.1 Training.....	26
2.2 Mobile Elevated Work Platform (MEWP) & Scaffolding	27
2.3 Confined Space.....	27
2.4 Electrical	28
2.5 Environmental Controls.....	29
2.6 Hazardous Substance Communication.....	29
2.7 Hazardous Chemical/Material Exposures.....	30
2.8 Ergonomics	30
2.9 Excavation and Trenching.....	30
2.10 Fall Protection.....	31
2.11 General Fire Safety	31
2.12 Heavy Equipment	33
2.13 Industrial Trucks/Forklifts	33
2.14 Ladders	34
2.15 Lockout/Tagout	35
2.16 ARC Flash	36
Table Line Voltage Approach Distances	38
2.17 Material Handling.....	39
2.18 Noise.....	39
2.19 Railroad Safety.....	40
2.20 Sanitizing Equipment and Clothing.....	43
2.22 Sign Structure Climbing	43
2.23 Silica.....	45
2.24 Struck by Hazards	45
2.25 Traffic Control and Protective Signs	45
2.26 Transporting Employees and Materials.....	46
2.27 Ventilation for Indoor Air Quality.....	46

2.28 Walkways.....	46
✖ 2.29 Welding, Cutting and Brazing.....	47
2.30 Working Near or Over Water	47
2.31 Lone Worker	48
2.32 Work Environment	48
3 Personal Protective Equipment (OSHA Subpart E)	49
3.1 Introduction.....	49
3.2 Specialized PPE	49
3.3 Head Protection.....	49
3.4 Hearing Protection	50
3.5 Eye Protection	50
👤 3.6 Respiratory Protection.....	50
3.7 HI-VIS Reflective Safety Vests.....	52
3.8 Protective Gloves.....	52
3.9 Protective Footwear	52
3.10 Personal Fall Arrest System (PFAS).....	52
❗ 3.11 Radiation Monitoring.....	53
4 Workplace Violence Prevention Plan	54
4.1 Categories of Violence.....	54
4.2 How to Respond	54
4.3 Levels of Workplace Violence Exhibited by Employees	54
5 Environmental Safety	55
5.1 Introduction.....	55
5.2 Hot Environment	55
5.3 Hot Environment Safety Problems	55
5.4 Hot Environment Health Problems	55
5.5 Controlling Hot Environment Health Problems.....	56
5.6 Cold Environment.....	58
5.7 Cold Environment Safety Problems.....	58
5.8 Cold Environment Health Problems	58
5.9 Controlling Cold Environment Health Problems	59
5.10 Indigenous Plants, Animals and Wildlife	61
6 Hazard Signs and Warnings	62
6.1 Introduction.....	62

6.2 Contents and Configuration	62
6.3 Danger Signs	62
6.4 Caution Signs	62
6.5 Informational Signs.....	62
6.6 Directional Signs	62
6.7 Evacuation Alarm.....	63
6.8 Evacuation Alarm, Automatic.....	63
6.9 Manual Alarm System	63
7 Motor Vehicle Use	63
7.1 Vehicle Use	63
GPI and its Subsidiaries Vehicle Use Policy for Stipend Drivers 8 Diving (OSHA Subpart Y)	63
8.1 Introduction.....	63
8.2 Snorkeling.....	63
8.3 Diving	66
9 Toxic and Hazardous Substances (OSHA Subpart Z).....	69
9.1 Introduction.....	69
! ☣ 9.2 Lead.....	69
9.3 Responsibilities.....	70
9.4 Control Methods	70
Table Respiratory Protection for Lead Aerosols.....	72