

BID BOND

Any singular reference to Bidder, Surety, Owner or other party shall be considered plural where applicable.

BIDDER (Name and Address):

Pesado Construction Co., Inc.
4848 Sinclair Road
San Antonio, TX 78222

SURETY (Name, and Address of Principal Place of Business):

Continental Casualty Company
14100 San Pedro, Ste. 206
San Antonio, TX 78232

OWNER (Name and Address):

City of Schertz
1400 Schertz Parkway, Bldg. #2
Schertz, TX 78154

BID

Bid Due Date: June 2, 2022

Description (Project Name— Include Location): Corbett Ground Storage Tanks Project #Bid 2022-004

BOND

Bond Number: N/A

Date: May 27, 2022

Penal sum Five Percent of the Greatest Amount Bid ----- \$ 5% of GAB

(Words)

(Figures)

Surety and Bidder, intending to be legally bound hereby, subject to the terms set forth below, do each cause this Bid Bond to be duly executed by an authorized officer, agent, or representative.

BIDDER

Pescado Construction Co., Inc. _____ (Seal)

Bidder's Name and Corporate Seal

By: _____

Signature

Shane Hutson

Print Name

President

Title

Attest: _____

Signature

Controller

Title

SURETY

Continental Casualty Company _____ (Seal)

Surety's Name and Corporate Seal

By: _____

Signature (Attach Power of Attorney)

Dana Michaelis

Print Name

Attorney-in-Fact

Title

Attest: _____

Signature

Title Attorney-in-Fact

Note: Addresses are to be used for giving any required notice.

Provide execution by any additional parties, such as joint venturers, if necessary.

1. Bidder and Surety, jointly and severally, bind themselves, their heirs, executors, administrators, successors, and assigns to pay to Owner upon default of Bidder the penal sum set forth on the face of this Bond. Payment of the penal sum is the extent of Bidder's and Surety's liability. Recovery of such penal sum under the terms of this Bond shall be Owner's sole and exclusive remedy upon default of Bidder.
2. Default of Bidder shall occur upon the failure of Bidder to deliver within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents.
3. This obligation shall be null and void if:
 - 3.1 Owner accepts Bidder's Bid and Bidder delivers within the time required by the Bidding Documents (or any extension thereof agreed to in writing by Owner) the executed Agreement required by the Bidding Documents and any performance and payment bonds required by the Bidding Documents, or
 - 3.2 All Bids are rejected by Owner, or
 - 3.3 Owner fails to issue a Notice of Award to Bidder within the time specified in the Bidding Documents (or any extension thereof agreed to in writing by Bidder and, if applicable, consented to by Surety when required by Paragraph 5 hereof).
4. Payment under this Bond will be due and payable upon default of Bidder and within 30 calendar days after receipt by Bidder and Surety of written notice of default from Owner, which notice will be given with reasonable promptness, identifying this Bond and the Project and including a statement of the amount due.
5. Surety waives notice of any and all defenses based on or arising out of any time extension to issue Notice of Award agreed to in writing by Owner and Bidder, provided that the total time for issuing Notice of Award including extensions shall not in the aggregate exceed 120 days from the Bid due date without Surety's written consent.
6. No suit or action shall be commenced under this Bond prior to 30 calendar days after the notice of default required in Paragraph 4 above is received by Bidder and Surety and in no case later than one year after the Bid due date.
7. Any suit or action under this Bond shall be commenced only in a court of competent jurisdiction located in the state in which the Project is located.
8. Notices required hereunder shall be in writing and sent to Bidder and Surety at their respective addresses shown on the face of this Bond. Such notices may be sent by personal delivery, commercial courier, or by United States Registered or Certified Mail, return receipt requested, postage pre-paid, and shall be deemed to be effective upon receipt by the party concerned.
9. Surety shall cause to be attached to this Bond a current and effective Power of Attorney evidencing the authority of the officer, agent, or representative who executed this Bond on behalf of Surety to execute, seal, and deliver such Bond and bind the Surety thereby.
10. This Bond is intended to conform to all applicable statutory requirements. Any applicable requirement of any applicable statute that has been omitted from this Bond shall be deemed to be included herein as if set forth at length. If any provision of this Bond conflicts with any applicable statute, then the provision of said statute shall govern and the remainder of this Bond that is not in conflict therewith shall continue in full force and effect.
11. The term "Bid" as used herein includes a Bid, offer, or proposal as applicable.

Figure: 28 TAC §1.601(a)(3)

1 IMPORTANT NOTICE

To obtain information or make a complaint:

2 You may contact Continental Casualty Company, National Fire Insurance Company of Hartford, American Casualty Company of Reading, PA and Continental Insurance Company at 312-822-5000.

3 You may call Continental Casualty Company, National Fire Insurance Company of Hartford, American Casualty Company of Reading, PA and Continental Insurance Company's toll-free telephone number for information or to make a complaint at:

1-877-672-6115

4 You may also write to Continental Casualty Company, National Fire Insurance Company of Hartford, American Casualty Company of Reading, PA and Continental Insurance Company at:

CNA Surety
151 North Franklin, 17th Floor
Chicago, IL 60606

5 You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

6 You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-Mail: ConsumerProtection@tdi.texas.gov

7 PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact Continental Casualty Company, National Fire Insurance Company of Hartford, American Casualty Company of Reading, PA and Continental Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

8 ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

Form F8277-6-2018

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con Continental Casualty Company, National Fire Insurance Company de Hartford, American Casualty Company de Reading, PA y Continental Insurance Company al 312-822-5000.

Usted puede llamar al numero de telefono gratis de Continental Casualty Company, National Fire Insurance Company de Hartford, American Casualty Company de Reading, PA y Continental Insurance Company's para informacion o para someter una queja al:

1-877-672-6115

Usted tambien puede escribir a Continental Casualty Company, National Fire Insurance Company de Hartford, American Casualty Company de Reading, PA y Continental Insurance Company:

CNA Surety
151 North Franklin, 17th Floor
Chicago, IL 60606

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Web: www.tdi.texas.gov
E-Mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Continental Casualty Company, National Fire Insurance Company de Hartford, American Casualty Company de Reading, PA y Continental Insurance Company primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company (herein called "the CNA Companies"), are duly organized and existing insurance companies having their principal offices in the City of Chicago, and State of Illinois, and that they do by virtue of the signatures and seals herein affixed hereby make, constitute and appoint

Gregory M LeJune, Mary Gainer, Dana Michaelis, Douglas N Dunlap Jr, Martin R Williams, Dane R Wilhelm, Aaron Hawley, Individually

of San Antonio, TX, their true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on their behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of their insurance companies and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law and Resolutions, printed on the reverse hereof, duly adopted, as indicated, by the Boards of Directors of the insurance companies.

In Witness Whereof, the CNA Companies have caused these presents to be signed by their Vice President and their corporate seals to be hereto affixed on this 6th day of July, 2021.



Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

Paul T. Bruflat Vice President

State of South Dakota, County of Minnehaha, ss:

On this 6th day of July, 2021, before me personally came Paul T. Bruflat to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company described in and which executed the above instrument; that he knows the seals of said insurance companies; that the seals affixed to the said instrument are such corporate seals; that they were so affixed pursuant to authority given by the Boards of Directors of said insurance companies and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance companies.



My Commission Expires March 2, 2026

M. Bent Notary Public

CERTIFICATE

I, D. Johnson, Assistant Secretary of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Law and Resolution of the Board of Directors of the insurance companies printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said insurance companies this 27th day of May, 2022.



Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

D. Johnson Assistant Secretary

Form F6853-4/2012

Authorizing By-Laws and Resolutions

ADOPTED BY THE BOARD OF DIRECTORS OF CONTINENTAL CASUALTY COMPANY:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company at a meeting held on May 12, 1995:

“RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective.”

This Power of Attorney is signed by Paul T. Bruflat, Vice President, who has been authorized pursuant to the above resolution to execute power of attorneys on behalf of Continental Casualty Company.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

“Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the “Authorized Officers”) to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and

Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, “Electronic Signatures”); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company. “

ADOPTED BY THE BOARD OF DIRECTORS OF NATIONAL FIRE INSURANCE COMPANY OF HARTFORD:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company by unanimous written consent dated May 10, 1995:

“RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective.”

This Power of Attorney is signed by Paul T. Bruflat, Vice President, who has been authorized pursuant to the above resolution to execute power of attorneys on behalf of National Fire Insurance Company of Hartford.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

“Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the “Authorized Officers”) to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and

Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, “Electronic Signatures”); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company. “

ADOPTED BY THE BOARD OF DIRECTORS OF AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA:

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company by unanimous written consent dated May 10, 1995:

“RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective.”

This Power of Attorney is signed by Paul T. Bruflat, Vice President, who has been authorized pursuant to the above resolution to execute power of attorneys on behalf of American Casualty Company of Reading, Pennsylvania.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 25th day of April, 2012:

“Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the “Authorized Officers”) to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and

Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, “Electronic Signatures”); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company. “

ARTICLE 1 – BID RECIPIENT

1.01 This Bid is submitted to:

**JULIE GOHLKE
PURCHASING AND ASSET MANAGER
CITY OF SCHERTZ
1400 SCHERTZ PKWY, ADMIN BLDG2
SCHERTZ, TX 78154**

1.02 The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter into an Agreement with Owner in the form included in the Bidding Documents to perform all Work as specified or indicated in the Bidding Documents for the prices and within the times indicated in this Bid and in accordance with the other terms and conditions of the Bidding Documents.

ARTICLE 2 – BIDDER’S ACKNOWLEDGEMENTS

2.01 Bidder accepts all of the terms and conditions of the Instructions to Bidders, including without limitation those dealing with the disposition of Bid security. This Bid will remain subject to acceptance for 60 days after the Bid opening, or for such longer period of time that Bidder may agree to in writing upon request of Owner.

ARTICLE 3 – BIDDER’S REPRESENTATIONS

3.01 In submitting this Bid, Bidder represents that:

A. Bidder has examined and carefully studied the Bidding Documents, and any data and reference items identified in the Bidding Documents, and hereby acknowledges receipt of the following Addenda:

<u>Addendum No.</u>	<u>Addendum, Date</u>
<u>1</u>	<u>5/9/22</u>
<u>2</u>	<u>5/18/22</u>
_____	_____
_____	_____

B. Bidder has visited the Site, conducted a thorough, alert visual examination of the Site and adjacent areas, and become familiar with and satisfied itself as to the general, local, and Site conditions that may affect cost, progress, and performance of the Work.

C. Bidder is familiar with and has satisfied itself as to all Laws and Regulations that may affect cost, progress, and performance of the Work.

D. Bidder has carefully studied all: (1) reports of explorations and tests of subsurface conditions at or adjacent to the Site and all drawings of physical conditions relating to existing surface or subsurface structures at the Site that have been identified in the Supplementary Conditions, especially with respect to Technical Data in such reports and drawings, and (2) reports and drawings relating to Hazardous Environmental Conditions, if any, at or adjacent to the Site that have been identified in the Supplementary Conditions, especially with respect to Technical Data in such reports and drawings.

- E. Bidder has considered the information known to Bidder itself; information commonly known to contractors doing business in the locality of the Site; information and observations obtained from visits to the Site; the Bidding Documents; and any Site-related reports and drawings identified in the Bidding Documents, with respect to the effect of such information, observations, and documents on (1) the cost, progress, and performance of the Work; (2) the means, methods, techniques, sequences, and procedures of construction to be employed by Bidder; and (3) Bidder's safety precautions and programs.
- F. Bidder agrees, based on the information and observations referred to in the preceding paragraph, that no further examinations, investigations, explorations, tests, studies, or data are necessary for the determination of this Bid for performance of the Work at the price bid and within the times required, and in accordance with the other terms and conditions of the Bidding Documents.
- G. Bidder is aware of the general nature of work to be performed by Owner and others at the Site that relates to the Work as indicated in the Bidding Documents.
- H. Bidder has given Engineer written notice of all conflicts, errors, ambiguities, or discrepancies that Bidder has discovered in the Bidding Documents, and confirms that the written resolution thereof by Engineer is acceptable to Bidder.
- I. The Bidding Documents are generally sufficient to indicate and convey understanding of all terms and conditions for the performance and furnishing of the Work.
- J. The submission of this Bid constitutes an incontrovertible representation by Bidder that Bidder has complied with every requirement of this Article, and that without exception the Bid and all prices in the Bid are premised upon performing and furnishing the Work required by the Bidding Documents.

ARTICLE 4 – BIDDER'S CERTIFICATION

4.01 Bidder certifies that:

- A. This Bid is genuine and not made in the interest of or on behalf of any undisclosed individual or entity and is not submitted in conformity with any collusive agreement or rules of any group, association, organization, or corporation;
- B. Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid;
- C. Bidder has not solicited or induced any individual or entity to refrain from bidding; and
- D. Bidder has not engaged in corrupt, fraudulent, collusive, or coercive practices in competing for the Contract. For the purposes of this Paragraph 4.01.D:
 - 1. "corrupt practice" means the offering, giving, receiving, or soliciting of any thing of value likely to influence the action of a public official in the bidding process;
 - 2. "fraudulent practice" means an intentional misrepresentation of facts made (a) to influence the bidding process to the detriment of Owner, (b) to establish bid prices at artificial non-competitive levels, or (c) to deprive Owner of the benefits of free and open competition;
 - 3. "collusive practice" means a scheme or arrangement between two or more Bidders, with or without the knowledge of Owner, a purpose of which is to establish bid prices at artificial, non-competitive levels; and

4. "coercive practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in the bidding process or affect the execution of the Contract.

ARTICLE 5 – BASIS OF BID

5.01 Bidder will complete the Work in accordance with the Contract Documents for the following price(s):

BID SCHEDULE – CITY OF SCHERTZ – CORBETT GROUND STORAGE TANK					
Item No.	Description	Unit	Estimated Quantity	Bid Unit Price	Bid Price
1	Mobilization and Demobilization: This item includes project move-in and move-out of personnel and equipment, work shall include furnishing all labor, materials, tools, equipment and incidentals required to mobilize, demobilize, bond and insure the Work for the CORBETT GROUND STORAGE TANK PROJECT, in accordance with the contract documents, complete in place	LS	1	\$475,000.00	\$475,000.00
2	Total amount for furnishing all labor, materials, services, equipment, and appurtenances in conjunction with and incidental to all work (site work, general construction) for execution of the CORBETT GROUND STORAGE TANK PROJECT in conformance with the Project Documents, with the exception of those items specifically listed in other bid items.	LS	1	\$6,358,814.00	\$6,358,814.00
3	Off-site – E Live Oak WP – Heater Boxes (Complete): This item includes the total amount for furnishing all labor, materials, services, equipment and appurtenances in conjunction with and incidental to the work	L.S.	1	\$27,650.00	\$27,650.00
4	Off-site – NE Quad WP – Heater Boxes (Complete): This item includes the total amount for furnishing all labor, materials, services, equipment and appurtenances in conjunction with and incidental to the work	L.S.	1	\$27,650.00	\$27,650.00
5	Allowance for City Public Service (CPS Energy) Electric Service	L.S.	1	\$30,000.00	\$30,000.00

ADDITIVE ALTERNATE 1					
Item No.	Description	Unit	Estimated Quantity	Bid Unit Price	Bid Price
1	Off-site – E Live Oak WP – Interconnect (Complete): This item includes the total amount for furnishing all labor, materials, services, equipment and appurtenances in conjunction with and incidental to the work	LS	1	\$108,903.00	\$108,903.00

Total of All Unit Price Bid Items – Corbett Ground Storage Tank & Additive Alternate 1	\$7,028,017.00
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5.02

Bidder acknowledges that (1) each Bid Unit Price includes an amount considered by Bidder to be adequate to cover Contractor's overhead and profit for each separately identified item, and (2) estimated quantities are not guaranteed, and are solely for the purpose of comparison of Bids, and final payment for all unit price Bid items will be based on actual quantities, determined as provided in the Contract Documents.

ARTICLE 6 – TIME OF COMPLETION

- 6.01 Bidder agrees that the Work will be complete in accordance with Article 4 of the Agreement.
- 6.02 Bidder accepts the provisions of the Agreement as to liquidated damages.

ARTICLE 7 – ATTACHMENTS TO THIS BID

- 7.01 The following documents are submitted with and made a condition of this Bid:
 - A. Required Bid security;
 - B. List of Proposed Subcontractors;
 - C. List of Proposed Suppliers;
 - D. List of Project References;
 - E. Evidence of authority to do business in the state of the Project; or a written covenant to obtain such license within the time for acceptance of Bids;
 - F. Required Bidder Qualification Statement with supporting data; and
 - G. Form 1295 – Certificate of Interested Parties

ARTICLE 8 – DEFINED TERMS

- 8.01 The terms used in this Bid with initial capital letters have the meanings stated in the Instructions to Bidders, the General Conditions, and the Supplementary Conditions.

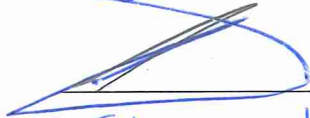
ARTICLE 9 – BID SUBMITTAL

BIDDER: [Indicate correct name of bidding entity]

Pesado Construction

By:

[Signature]



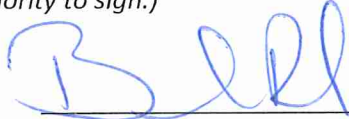
[Printed name]

Shawn Hutson

(If Bidder is a corporation, a limited liability company, a partnership, or a joint venture, attach evidence of authority to sign.)

Attest:

[Signature]



[Printed name]

Brenda Real

Title:

Controller

Submittal Date:

6/2/2022

Address for giving notices:

4848 Sinclair Rd

San Antonio, TX 78222

Telephone Number:

210-651-4452

Fax Number:

Contact Name and e-mail address:

Shawn Hutson

shutson@pesadocconstruction.com

Bidder's License No.:

(where applicable)

QUALIFICATIONS STATEMENT

THE INFORMATION SUPPLIED IN THIS DOCUMENT IS CONFIDENTIAL TO THE EXTENT PERMITTED BY LAWS AND REGULATIONS

1. SUBMITTED BY:

Official Name of Firm: Pesado Construction Company

Address: 4848 Sinclair Road

San Antonio, TX 78222

2. SUBMITTED TO:

City of Schertz

3. SUBMITTED FOR:

RFP - Corbett Ground Storage Tank - #BID 2022-004

Owner: City of Schertz

Project Name: Corbett Ground Storage Tank - #BID 2022-004

TYPE OF WORK:

Utilities

4. CONTRACTOR'S CONTACT INFORMATION

Contact Person: Shane Hutson

Title: President

Phone: 210-669-0834

Email: shutson@pesadoconstruction.com

5. AFFILIATED COMPANIES:

Name: _____ N/A _____

Address: _____

6. TYPE OF ORGANIZATION:

SOLE PROPRIETORSHIP

Name of Owner: _____

Doing Business As: _____

Date of Organization: _____

PARTNERSHIP

Date of Organization: _____

Type of Partnership: _____

Name of General Partner(s): _____

CORPORATION

State of Organization: _____ Texas _____

Date of Organization: _____ May 17, 1991 _____

Executive Officers:

- President: _____ Shane Hutson _____

- Vice President(s): _____ Brian McGurk _____

- Treasurer: _____

- Secretary: _____ Brenda Real _____

LIMITED LIABILITY COMPANY

State of Organization: _____

Date of Organization: _____

Members: _____

JOINT VENTURE

Sate of Organization: _____

Date of Organization: _____

Form of Organization: _____

Joint Venture Managing Partner

- Name: _____

- Address: _____

Joint Venture Managing Partner

- Name: _____

- Address: _____

Joint Venture Managing Partner

- Name: _____

- Address: _____

7. LICENSING

Jurisdiction: N/A
Type of License: _____
License Number: _____
Jurisdiction: _____
Type of License: _____
License Number: _____

8. CERTIFICATIONS

CERTIFIED BY:

Disadvantage Business Enterprise: N/A
Minority Business Enterprise: _____
Woman Owned Enterprise: _____
Small Business Enterprise: _____
Other (_____): _____

9. BONDING INFORMATION

Bonding Company: Continental Casualty Company
Address: 151 North Franklin, 17th Floor
Chicago, IL 60606
Bonding Agent: Catto & Catto
Address: 106 S. Saint Mary's Street, 8th Floor
San Antonio, TX 78205
Contact Name: Dana Michaelis
Phone: 210-222-2161 Ext. 214
Aggregate Bonding Capacity: \$112,500,000.00
Available Bonding Capacity as of date of this submittal: \$79,000,000.00

10. FINANCIAL INFORMATION

Financial Institution: Jefferson Bank

Address: P.O. Box 5190
San Antonio, TX 78201

Account Manager: Hector Torres

Phone: 210-414-0047

INCLUDE AS AN ATTACHMENT AN AUDITED BALANCE SHEET FOR EACH OF THE
LAST 3 YEARS

11. CONSTRUCTION EXPERIENCE:

Current Experience:

List on **Schedule A** all uncompleted projects currently under contract (If Joint Venture list each participant's projects separately).

Previous Experience:

List on **Schedule B** all projects completed within the last 5 Years (If Joint Venture list each participant's projects separately).

Has firm listed in Section 1 ever failed to complete a construction contract awarded to it?

YES NO

If YES, attach as an Attachment details including Project Owner's contact information.

Has any Corporate Officer, Partner, Joint Venture participant or Proprietor ever failed to complete a construction contract awarded to them in their name or when acting as a principal of another entity?

YES NO

If YES, attach as an Attachment details including Project Owner's contact information.

Are there any judgments, claims, disputes or litigation pending or outstanding involving the firm listed in Section 1 or any of its officers (or any of its partners if a partnership or any of the individual entities if a joint venture)?

YES NO

If YES, attach as an Attachment details including Project Owner's contact information.

12. SAFETY PROGRAM:

Name of Contractor's Safety Officer: Juan Ramos

Include the following as attachments:

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) OSHA No. 500- Log & Summary of Occupational Injuries & Illnesses for the past 5 years.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide the following for the firm listed in Section V (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

Workers' compensation Experience Modification Rate (EMR) for the last 5 years:

YEAR	<u>2021</u>	EMR	<u>1.02</u>
YEAR	<u>2020</u>	EMR	<u>1.01</u>
YEAR	<u>2019</u>	EMR	<u>0.93</u>
YEAR	<u>2018</u>	EMR	<u>0.90</u>
YEAR	<u>2017</u>	EMR	<u>1.24</u>

Total Recordable Frequency Rate (TRFR) for the last 5 years:

YEAR	<u>2021</u>	TRFR	<u>0</u>
YEAR	<u>2020</u>	TRFR	<u>0</u>
YEAR	<u>2019</u>	TRFR	<u>1.54</u>
YEAR	<u>2018</u>	TRFR	<u>.61</u>
YEAR	<u>2017</u>	TRFR	<u>0</u>

Total number of man-hours worked for the last 5 Years:

YEAR	<u>2021</u>	TOTAL NUMBER OF MAN-HOURS	<u>305,783</u>
YEAR	<u>2020</u>	TOTAL NUMBER OF MAN-HOURS	<u>363,107</u>
YEAR	<u>2019</u>	TOTAL NUMBER OF MAN-HOURS	<u>389,616</u>
YEAR	<u>2018</u>	TOTAL NUMBER OF MAN-HOURS	<u>328,255</u>
YEAR	<u>2017</u>	TOTAL NUMBER OF MAN-HOURS	<u>241,507</u>

Provide Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor and each of Contractor's proposed Subcontractors and Suppliers) for the last 5 years:

YEAR	<u>2021</u>	DART	<u>0</u>
YEAR	<u>2020</u>	DART	<u>0</u>
YEAR	<u>2019</u>	DART	<u>1.54</u>
YEAR	<u>2018</u>	DART	<u>.61</u>
YEAR	<u>2017</u>	DART	<u>0</u>

13. EQUIPMENT:

MAJOR EQUIPMENT:

List on **Schedule C** all pieces of major equipment available for use on Owner's Project.

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED HERewith, INCLUDING ANY ATTACHMENTS, IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF ORGANIZATION: Pesado Construction Company

BY: [Signature]

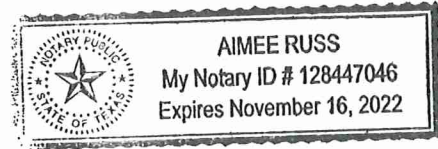
TITLE: President

DATED: 06/02/2022

NOTARY ATTEST:

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 2nd DAY OF June, 2022

NOTARY PUBLIC - STATE OF Texas
MY COMMISSION EXPIRES: Bevat



REQUIRED ATTACHMENTS

1. Schedule A (Current Experience).
2. Schedule B (Previous Experience).
3. Schedule C (Major Equipment).
4. Audited balance sheet for each of the last 3 years for firm named in Section 1.
5. Evidence of authority for individuals listed in Section 7 to bind organization to an agreement.
6. Resumes of officers and key individuals (including Safety Officer) of firm named in Section 1.
7. Required safety program submittals listed in Section 13.
8. Additional items as pertinent.

SCHEDULE A

CURRENT EXPERIENCE

Project Name	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
Comal Water Transmission Line	Name: Rex Walker Address: 1326 S Main Street Boerne, TX 78006 Telephone: 210-664-4010	Name: Lee Niles Company: Pape-Dawson Engineers Telephone: 210-375-9000		Underground Utility		\$9,736,395.05
Surface Water Treatment Plant Discharge Water Line	Name: Erin Mills Address: PO Box 310289 New Braunfels, TX 78131 Telephone: 361-331-1119	Name: Jesse Guerra Company: Freese and Nichols Telephone: 210-510-1278		Underground Utilities		\$11,530,334.50
Well 4 to Grandview Water Main	Name: Paula Dubois Address: PO Box 310289 New Braunfels, TX 78131 Telephone: 830-608-8827	Name: Jake Heilmann Company: Freese and Nichols Telephone: 830-370-5174		Underground Utilities		\$4,927,820.00
Micron Pump Station Well Pump No. 4	Name: Henry Garza Address: 2800 US Hwy 281 North San Antonio, TX 78298 Telephone: 210-233-3468	Name: Ismael Rosales Company: San Antonio Water System Telephone: 210-233-3705		Underground Utilities		\$2,631,719.44
Biedenbarn Pump Station and Tank	Name: Jennifer Ramirez Address: 1718 Dry Creek Way, suite 120 San Antonio, TX 78259 Telephone: 210-581-8831	Name: Bart Lamond Company: Pape-Dawson Telephone: 210-375-9000		Underground Utilities		\$4,002,036.50
Grandview Pump Station	Name: Lara Cornell Address: PO Box 310289 New Braunfels, TX 78131 Telephone: 830-608-8965	Name: Jake Heilmann Company: Freese and Nichols Telephone: 830-370-5174		Underground Utilitied		\$5,240,533.38
SAC First Responders Academy	Name: Omar Garcia Address: 13750 San Pedro Ave., Ste. 420 San Antonio, TX 78232 Telephone: 713-209-1889	Name: Pedro RICO Company: Gessner Engineering, LLC Telephone: 979.307.5428		Underground Utilities & Sitemwork		1,561,373.00

SCHEDULE B

PREVIOUS EXPERIENCE (Include ALL Projects Completed within last 5 years)

Project Name	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
CMAR Water Plant Pump Station No.5 & Piping	Name: Tina Rocha Address: PO Box 310289 New Braunfels, TX 78131 Telephone: 830-608-8868	Name: Nick Puckett Company: New Braunfels Utilities Telephone: 830-608-8924		Underground Utilities		\$4,938,304.67
CMAR-Surface Water Treatment Plant	Name: Daniel Ramirez Address: PO Box 310289 New Braunfels, TX 78131 Telephone: 830-608-8861	Name: Anne Carrel Hoskins Company: Freese and Nichols, Inc. Telephone: 214-729-0092		Underground Utilities		\$1,102,162.94
San Antonio Street Improvements	Name: Ian Taylor Address: Telephone: 830-629-8448	Name: Jake Heilmann IV Company: Freese and Nichols, Inc. Telephone: 832-827-4329		Underground Utilities		\$4,711,911.25
N. Kuehler 30 to 33 Interceptor PH II	Name: Erin Mills Address: Telephone: 361-831-1119	Name: Jesse Guerra Company: Plummer Telephone: 210-854-7649		Underground Utilities		\$8,577,303.47
Central Water Integration Pipeline Segment 5-4	Name: Alissa R. Lockett Address: Telephone: 210-233-3401	Name: Julian Pineda Company: Case Engineering Telephone: 210-233-3727		Underground Utilities		\$5,001,619.79
Center Point Wastewater Collection	Name: Charlie Hastings Address: Telephone: 830-896-9046	Name: Don Burger Company: Tetra Tech Telephone: 210-299-7909		Underground Utilities		\$26,673,468.24
Corbett Elevated Tank	Name: Michael Pope Address: 1665 Harmon Road Houston, TX 76177 Telephone: 832-414-1412	Name: Company: Ford Engineering Telephone: 210-590-4777		Underground Utilities		\$1,851,436.20

SCHEDULE B

PREVIOUS EXPERIENCE (Include ALL Projects Completed within last 5 years)

Project Name	Owner's Contact Person	Design Engineer	Contract Date	Type of Work	Status	Cost of Work
Westpointe W. Off-Site Sewer Ext.	Name: Roxanne Lockhart Address: Telephone: 210-233-3095	Name: David C. Garcia Company: SAWS Telephone: 210-233-3288		Underground Utilities		\$5,659,885.99
VA San Antonio CBOC	Name: Drew Watkins Address: Telephone: 801-574-1581	Name: Ryan Homer Company: Jacobsen Construction Telephone: 801-403-0386		Underground Utilities		\$15,445,009.80
Ridgewood Lot 13	Name: Taylor Jendrusch Address: Telephone: 210-760-3765	Name: Company: Telephone:		Underground Utilities/ Stework		\$3,128,761.02
TAMU SA Academic & Admin. Bldg.	Name: Rex Cody, AC Address: Telephone: 210-669-1079	Name: Company: Telephone:		Underground Utilities		\$822,095.24
Microsoft Data Center SAT 09 & 10	Name: Anthony O'Leary Address: Telephone: 210-291-8483	Name: Company: Telephone:		Wet & Dry Utilities		\$15,358,637.45
Microsoft SAT 13-14	Name: Anthony O'Leary Address: Telephone: 210-291-8483	Name: Company: Telephone:		Wet & Dry Utilities		\$12,716,027.11
Blocker Lane West Expansion	Name: Chris Shoerman Address: Telephone: 512-426-9908	Name: Company: Telephone:		Utilities		\$38,135,998.74

Pesado Construction Company Equipment List - 2022

Fuel Truck Peterbilt 378 2001

Water Truck 1996 (Yellow)

Kenworth Haul Truck 2014

4700 Intl Dump Truck 1995

Water Truck Ford F750 2011

Water Truck Ford F650 2002

Water Truck International 2015

Fuel Truck Sterling 2005

Water Truck International 1984

Kenworth Haul Truck 2016

4700 Truck Mt Attenuator 2001 (White)

Freightliner Dump Truck 2015

Freightliner Dump Truck 2014

4700 Truck Mt Attenuator 2000 (Red)

Water Truck Ford F750 2007

Caterpillar CT660S Day Cab Truck 2013

Fuel/Lube Truck Ford 1998

Sterling Mechanic Truck 2004 (Jason)

Fuel/Lube Truck Peterbilt 2005

Water Truck International 2009

Water Truck International 2011

Water Truck International 2012

Water Truck International 2011

Water Truck International 2011

Water Truck Freightliner 2014

VAC Master 4000 2008

Water Truck 1984

Water Truck 1984

Water Truck 1987

Cat 725C Artic Rock Truck

Cat 730 Artic Dump Truck 2012

Cat 730 Artic Truck

Utility Trailer P8 16" Ramps 2018

Tiger 20ft Gooseneck Trailer 2019

Gooseneck Trailer 2020 (Ranch)

Ranco End Dump Trailer 2004

Utility Trailer 2020 for Skidsteer

Utility Trailer 2004 (RCBlackmon)

S&H Cargo 14' Trailer 2006 (Angel)

Ledwell Flatbed Trailer 2008

BIGT Magnum Trailer 2007

Cargo Trailer 6x12 2021(Alfredo)

Cap Hiboy Flatbed Trailer 1997

Trail King Lowboy Trailer 2000

Dragon Trailer 2012 (Grey)

Utility Trailer 2007

JD 130G Excavator 2019

JD 245G Excavator 2015

JD 245G Excavator 2018

JD 470GLC Excavator 2014

JD 245G Excavator 2015

JD 50G Mini Excavator 2017

JD 245G Excavator 2015

JD 85G Mini Excavator 2020

JD 245G Excavator 2016

JD 245G Excavator 2021

JD 544K Loader 2018

JD 345GLC Excavator 2018

JD 130GLC Excavator 2017

JD 350GLC Excavator 2018

JD 50G Mini Excavator 2018

JD 331G Skidsteer Tracks 2018

JD 331G Skidsteer 2019

JD 317G Skidsteer Tracks 2019

JD 317G Skidsteer Tracks 2017

JD 331G Skidsteer Tracks 2018

JD 544K Wheel Loader 2018

JD 624H Wheel Loader

JD 544K Wheel Loader 2015

Utility Trailer 2014

Utility TL-Black 2014 (ramps)

Maxey Utility Trailer 16'-2015

Maxey Trailer12' Hydrotest2015

NGB Trailer 2006

Red Cage Trailer

Yantis Water Trailer 2001

Lowboy Trailer 2008

Trailer for back of Lowboy 2009 (Stinger)

Hydro Pressure Washer 2001

JD 345GLC Excavator 2018

JD 470G LC Excavator 2013

JD 180G LC Excavator 2012

JD 135G Excavator 2017

JD 670GLC Excavator 2017

JD 35G Mini Excavator 2020

JD 245G Excavator 2019

JD 85G Mini Excavator 2018

JD 210GLC Excavator 2015

JD 245G Excavator 2017

Komatsu PC350LC Excavator 2011

Cat 365BL Excavator 1999(TREP at RDO)

JD 135G Excavator 2022

JD 50G Mini Excavator 2016

JD 544K Wheel Loader 2017

JD 544K Wheel Loader 2015

JD 544L Wheel Loader 2019

JD 544L Loader 2019

JD 544K Wheel Loader 2015

JD 644J Wheel Loader 2006

JD 544K Wheel Loader 2016

JD 544J 4WD Wheel Loader

JD 624K Wheel Loader 2012

JD 624K Wheel Loader 2014

JD 544K Wheel Loader 2017

JD 544L Wheel Loader 2019

JD 310SJ Backhoe 2011

Cat 420E Backhoe 2011

JD 310SG Backhoe 2005

JD 310J Backhoe 2011

JD 310G 4x4 Backhoe 2005

JD 710J Backhoe 2010

3410 Hamm Roller Padfoot

3410 Hamm Smooth Roller 2013

Cat 815B Compactor 1995

Ingersol Rand Roller SD4DF

Sakai Roller

Hamm H11IX Smooth Roller

Hamm H10 Smooth Roller 2019

Ingersol Rand Vibratory Roller

Cat Vibrator Padfoot Roller 2005

Ingresol Rand SD100D Roller

Brace RJ350 Broom 2008

8' Riding Sweeper

72" Sweep

8' Riding Sweeper 2012

JD 850K Crawler Dozer 2012

JD 700K Dozer 2017

JD 772G Motor Grader 2015

JD 672G Motor Grader 2015

JD 772G Motor Grader 2015

Cat D8T Dozer 2007

**PESADO CONSTRUCTION COMPANY
BALANCE SHEETS
DECEMBER 31, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 2,698,032	\$ 124,932
Accounts Receivable - Trade	7,899,018	5,991,500
Accounts Receivable - Retainage	4,774,330	3,654,969
Accounts Receivable - Employees	-	47,310
Accounts Receivable - Related Parties	420,222	471,182
Accounts Receivable - Others	5,000	-
Costs and Estimated Earnings in Excess Of Billings on Uncompleted Contracts	656,831	302,127
Prepaid Expenses	76,305	23,843
Current Portion of Note Receivable	-	15,702
Total Current Assets	<u>16,529,738</u>	<u>10,631,565</u>
PROPERTY AND EQUIPMENT		
Buildings	364,678	174,832
Furniture and Fixtures	34,515	34,515
Leasehold Improvements	84,999	84,999
Machinery and Equipment	12,907,852	10,690,979
Less: Accumulated Depreciation	<u>(5,500,339)</u>	<u>(5,079,084)</u>
Net Property and Equipment	<u>7,891,705</u>	<u>5,906,241</u>
OTHER ASSETS		
Note Receivable - Long-Term	-	212,853
Investment in Insurance Stock	<u>36,000</u>	<u>36,000</u>
Total Other Assets	<u>36,000</u>	<u>248,853</u>
TOTAL ASSETS	<u>\$ 24,457,443</u>	<u>\$ 16,786,659</u>

See Independent Accountants' Review Report
and Notes to the Financial Statements

Page 3

**PESADO CONSTRUCTION COMPANY
BALANCE SHEETS
DECEMBER 31, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
CURRENT LIABILITIES		
Accounts Payable - Trade	\$ 5,131,776	\$ 3,685,048
Accounts Payable - Retainage	1,492,359	924,975
Billings in Excess of Costs and Estimated Earnings on Uncompleted Contracts	4,954,453	961,407
Accrued Liabilities	104,392	32,940
Accrued Loss on Jobs in Progress	34,061	-
Line of Credit	-	800,000
State Income Tax Payable	45,244	33,020
Current Portion of Long-Term Debt	<u>989,472</u>	<u>833,397</u>
Total Current Liabilities	<u>12,751,757</u>	<u>7,270,787</u>
LONG-TERM LIABILITIES		
Notes Payable - Net of Current Portion	748,580	948,760
Deferred Taxes	<u>22,014</u>	<u>16,852</u>
Total Long-Term Liabilities	<u>770,594</u>	<u>965,612</u>
STOCKHOLDER'S EQUITY		
Common Stock	5,000	5,000
Retained Earnings	10,940,092	8,555,260
Treasury Stock	<u>(10,000)</u>	<u>(10,000)</u>
Total Stockholder's Equity	<u>10,935,092</u>	<u>8,550,260</u>
TOTAL LIABILITIES AND STOCKHOLDER'S EQUITY	<u>\$ 24,457,443</u>	<u>\$ 16,786,659</u>

**PESADO CONSTRUCTION COMPANY
BALANCE SHEETS
DECEMBER 31, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 124,932	\$ 430,516
Accounts Receivable - Trade	5,991,500	7,196,803
Accounts Receivable - Retainage	3,654,969	2,957,458
Accounts Receivable - Employees	47,310	9,664
Accounts Receivable - Unbilled	-	14,695
Accounts Receivable - Related Parties	471,182	519,182
Costs and Estimated Earnings in Excess of Billings on Uncompleted Contracts	302,127	301,819
Prepaid Expenses	23,843	18,076
Current Portion of Note Receivable	<u>15,702</u>	<u>13,970</u>
Total Current Assets	<u>10,631,565</u>	<u>11,462,183</u>
PROPERTY AND EQUIPMENT		
Buildings	174,832	118,473
Furniture and Fixtures	34,515	34,515
Leasehold Improvements	84,999	84,999
Machinery and Equipment	10,690,979	8,739,095
Less: Accumulated Depreciation	<u>(5,079,084)</u>	<u>(4,115,441)</u>
Net Property and Equipment	<u>5,906,241</u>	<u>4,861,641</u>
OTHER ASSETS		
Note Receivable - Long-Term	212,853	225,538
Investment in Insurance Stock	<u>36,000</u>	<u>36,000</u>
Total Other Assets	<u>248,853</u>	<u>261,538</u>
TOTAL ASSETS	<u><u>\$ 16,786,659</u></u>	<u><u>\$ 16,585,362</u></u>

**PESADO CONSTRUCTION COMPANY
BALANCE SHEETS
DECEMBER 31, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
CURRENT LIABILITIES		
Accounts Payable - Trade	\$ 3,685,048	\$ 4,592,196
Accounts Payable - Retainage	924,975	1,338,115
Billings in Excess of Costs and Estimated Earnings on Uncompleted Contracts	961,407	2,267,639
Accrued Liabilities	32,940	104,682
Accrued Loss on Jobs in Progress	-	4,515
Line of Credit	800,000	-
State Income Tax Payable	33,020	24,449
Current Portion of Long-Term Debt	<u>833,397</u>	<u>723,129</u>
Total Current Liabilities	<u>7,270,787</u>	<u>9,054,725</u>
LONG-TERM LIABILITIES		
Notes Payable - Net of Current Portion	948,760	710,609
Deferred Income Tax - State	<u>16,852</u>	<u>13,924</u>
Total Long-Term Liabilities	<u>965,612</u>	<u>724,533</u>
STOCKHOLDER'S EQUITY		
Common Stock	5,000	5,000
Retained Earnings	8,555,260	6,811,104
Treasury Stock	<u>(10,000)</u>	<u>(10,000)</u>
Total Stockholder's Equity	<u>8,550,260</u>	<u>6,806,104</u>
TOTAL LIABILITIES AND STOCKHOLDER'S EQUITY	<u>\$ 16,786,659</u>	<u>\$ 16,585,362</u>

**PESADO CONSTRUCTION COMPANY
BALANCE SHEETS
DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
CURRENT ASSETS		
Cash and Cash Equivalents	\$ 2,338,143	\$ 2,698,032
Accounts Receivable - Trade	9,464,200	7,899,018
Accounts Receivable - Retainage	5,356,112	4,774,330
Accounts Receivable - Employees	40,505	-
Accounts Receivable - Related Parties	363,222	420,222
Accounts Receivable - Others	35,902	5,000
Costs and Estimated Earnings in Excess Of Billings on Uncompleted Contracts	1,229,361	656,831
Prepaid Expenses	5,381	3,216
Prepaid Insurance	-	73,089
Total Current Assets	<u>18,832,826</u>	<u>16,529,738</u>
PROPERTY AND EQUIPMENT		
Buildings	364,678	364,678
Furniture and Fixtures	34,515	34,515
Leasehold Improvements	84,999	84,999
Machinery and Equipment	14,152,500	12,907,852
Less: Accumulated Depreciation	<u>(6,265,249)</u>	<u>(5,500,339)</u>
Net Property and Equipment	<u>8,371,443</u>	<u>7,891,705</u>
OTHER ASSETS		
Deposits	16,290	-
Investment in Insurance Stock	<u>36,000</u>	<u>36,000</u>
Total Other Assets	<u>52,290</u>	<u>36,000</u>
TOTAL ASSETS	<u>\$ 27,256,559</u>	<u>\$ 24,457,443</u>

**PESADO CONSTRUCTION COMPANY
BALANCE SHEETS
DECEMBER 31, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
CURRENT LIABILITIES		
Accounts Payable - Trade	\$ 7,526,762	\$ 5,131,776
Accounts Payable - Retainage	1,491,668	1,492,359
Billings in Excess of Costs and Estimated Earnings on Uncompleted Contracts	1,860,833	4,954,453
Accrued Liabilities	53,792	104,392
Accrued Loss on Jobs in Progress	84,461	34,061
State Tax Payable	56,802	45,244
Current Portion of Long-Term Debt	<u>818,705</u>	<u>989,472</u>
Total Current Liabilities	<u>11,893,023</u>	<u>12,751,757</u>
LONG-TERM LIABILITIES		
Notes Payable - Net of Current Portion	499,186	748,580
Deferred Taxes	<u>27,417</u>	<u>22,014</u>
Total Long-Term Liabilities	<u>526,603</u>	<u>770,594</u>
STOCKHOLDERS' EQUITY		
Common Stock	5,000	5,000
Retained Earnings	14,841,933	10,940,092
Treasury Stock	<u>(10,000)</u>	<u>(10,000)</u>
Total Stockholders' Equity	<u>14,836,933</u>	<u>10,935,092</u>
TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	<u>\$ 27,256,559</u>	<u>\$ 24,457,443</u>



May 31, 2022

To Whom It May Concern

RE: Authorized Members for Signing Documents

The below listed names are Officer's of Pesado Construction Company.

William Hunter – Principal

Shane Hutson – President

Additionally, below are the other authorized signatories for Pesado Construction Company on contracts, change orders, and lien releases.

Shane Ahrens – Senior Project Manager

Brian McGurk – Vice President

Brenda Real – Controller

Please feel free to contact me with any additional questions or concerns regarding the information above.

Thank you,

William Hunter

William Hunter – Principal

Pesado Construction Company



Company Resumes

William H. Hunter–CFO

Mobile: 210-669-4216

B.S. Degree May 1984 from the University of Texas

Austin, Texas

Major: Business Administration/Finance

William started in the Construction Industry in June of 1984 until he founded Pesado Construction in May 1991

John Shane Hutson- President

Mobile: 210-669-0834

Education: Attended Southeastern Louisiana State University (Hammond, Louisiana)

Experience: Shane has been involved in the construction industry since 1990. Prior to his tenure with Pesado Construction Co. (PCC), he held various positions in the residential and commercial construction arena.

Shane started with PCC in November 2002 with the position of Project Superintendent. Here, he successfully managed projects ranging from \$300,000 - \$26 million, while managing multiple utility crews simultaneously. After multiple years of continued success and growth at this position, Shane was promoted to Vice President/Operations Manager which is the position he currently holds. During his tenure with PCC, annual revenues have risen from \$6 million to \$25 million. Currently, Shane manages an equipment fleet numbering over 80 pieces with a value of approximately \$5 million dollars, 2 general superintendents, 2 project managers, and 8 – 9 utility crews. Mr. Hutson also managed Alamo Guenther Sewer Siphon project which won the South Texas Chapter ABC 2015 “Excellence in Construction” Award in the Heavy Infrastructure category.

Mr. Hutson has dedicated over 25 years to the construction industry and he has continually shown the ability to learn, adapt and excel in all the positions he has held. His general construction experience is invaluable as part of the larger project team on the larger development projects PCC executes, and his extensive experience in underground electrical and main utilities keeps PCC moving forward on the projects that are the lifeblood of our company. Mr. Hutson also keeps up with all the technological advances within the industry on a daily basis.



C. Shane Ahrens – Senior Project Manager

Texas A&M University, College Station, TX

Bachelor of Science in Construction Science (Graduation – December 1998)

Shane has over 14 years of experience in Construction Management with projects ranging from complex infrastructure projects such as treatment plants and roadway systems to integrated projects such as airports expansions and treatment system component structures as followed.

Completed or participated in the execution of contracts for TTA, TXDOT, City of Austin, City of San Marcos, GBRA, and the City of San Antonio. As an assistant superintendent, project engineer, and assistant project manager, responsibilities included the following:

San Antonio International Airport Expansion – Est. \$35 Million

Responsible for execution of change order process; including negotiation, tracking and contract amendments.

Supervised project controls implementation and assisted with day-to-day process.

Responsible for procurement of material and subcontractor buy-out for various portions of original and additional scope.

Responsible for revenue reporting and projecting.

US281 North Tollway Proposal Team (ARMA) – Est. \$500 Million

Estimator responsible for drainage and landscaping for entire 8-mile project.

GBRA Regional Raw Water Improvements (GBRA) – Raw Water System Upgrades - \$11 Million

San Marcos Surface Water Treatment Plant (City of San Marcos) – 21 MGD Expansion - \$8

Million Ullrich Water Treatment Plant (City of Austin) - 160 MGD Expansion – \$60 Million

Responsible for the execution of project controls including submittals, RFI's, and material/equipment procurement.

Coordinated with field supervision for material purchasing and procurement.

Responsible for pay application and schedule update.

Solely responsible for administering change order process and assisted senior project manager with pricing and procurement of job change orders.

Assisted AWC upper management and outside consultant with the collection of data to support issuance of substantial claim.

SH 45 Tollway Project at FM 1325 and IH 35 - \$109 Million

Asst. Superintendent in charge of the installation of underground utilities; including storm sewer system by Archer Western Contractors, and utility bores and water / waste water lines by subcontractors.

Duties encompassed all facets of storm sewer installation, including production, material ordering, scheduling, equipment utilization and safety. Concurrently directed underground completion schedule, evaluated performance of subcontractors under my scope of work, and interfaced with owner's representative and City of Round Rock representative to ensure quality and accuracy of installation.

Additional duties included assisting general superintendent with the implementation and supervision of the Traffic Control Plan, including lane closures, CTB setting, and quad-guard installations on FM 1325 and IH 35.

As a Project Manager, Shane understands the various levels of coordination that are required to successfully execute these projects. Shane was the Project Manager for Pesado Construction Company on



Singing Hills Infrastructure Development Unit #1, which consisted of a new Wastewater treatment plant, Lift station, and utility work for a major development in Bulverde, TX. WWTP consist of a 212,000 gal storage tank, package plant, structural concrete, pump station, electrical / instrumentation, and plant piping. Lift station includes the 96” diameter wet well, pumps and piping. The utility package includes 10 barrel 10’x6’ box culverts, storm drain to 60” diameter, 25’ wide storm structures, sewer to 20’ deep, and water main to 16” diameter. Shane has also

Peter McMahon – Project Manager

Pater has 4 years of experience in the Construction Industry and is proficient with computer applications as required to perform responsibilities: Bluebeam, AutoCAD, SolidWorks, MS Word, MS Excel, MS Project, MATLAB. Excellent interpersonal and teamwork skills, strong desire to learn, and ability to communicate well both verbally and in writing. Tremendous in schedule making, creating and keeping deadlines, goal setting and meeting goals, decision making. High degree of independent thinking, attention to detail, and resourcefulness.

Martin Garcia Jr. – Project Manager

Martin has 8 years of experience in the Construction Industry; he has been an Estimator and Project Manager at Pesado Construction since 2014 while finishing his Bachelor of Science Degree in Civil Engineering at UTSA. He is currently managing multiple projects consisting of commercial, private and public projects.

Brian William McGurk – General Superintendent

Brian has been in the Construction Industry for over twenty-five years. Mr. McGurk came to Pesado Construction in September 2003. Brian has managed projects ranging from \$100,000 to over \$29,000,000. He has experience with pipeline jobs, WWTP, booster pump stations, and underground utilities. Mr. McGurk has been the Project Manager on Town Creek Lift Station, Indian Hills Booster Pump Station, SAWS University Pump Station, Mines Road pipeline and many more.

R.C. Blackmon –Superintendent/Master Plumber

R.C. Blackmon has been employed with Pesado Construction since July 2007. Mr. Blackmon is a retired Seabee Master Chief and has extensive experience relating to the Plumbing Industry and holds his Masters Plumber’s License. R.C. has managed projects ranging from \$100,000 to over \$3,000,000. Mr. Blackmon has been the Project Manager on the North West Vista College project, Intermodal Union Pacific Project, and many more.

Mike Blackmon – Project Superintendent/Plumber

Mobile: (210) 551-1525

Reports to the Project Manager and manages multiple crews on larger projects. Mike has been employed with Pesado Construction since 2008 . He has supervised projects ranging from \$100,000 to 7,500,000. Mr. Blackmon was the superintendent out at the Donna WWTP, Gonzales WWTP, Laredo Booster Pump Station, and Intermodal Union Pacific Project along with many others. Mr. Blackmon is a master plumber and former Seabee.



Juan Ramos –Project Safety Manager

Mobile: (210) 616-6538

Mr. Ramos has been employed here since 2007 and has worked his way from being a Project Superintendent to becoming the Project Safety Manager. He has worked on projects ranging from \$100,000 to \$5,000,000. Mr. Ramos has his OSHA 10, OSHA 30, OSHA 500, and OSHA 510 certification along with CPR and First Aid.

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."

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

Number of Days	Total number of days of job transfer or restriction
(K) 0	(L) 0

Injury and Illness Types	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	0	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 39 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 20220. Do not send the completed forms to this office.

Establishment information

Your establishment name Pasado Construction
 Street 7054 Pipestone
 City Scherz State Texas Zip 78154
 Industry description (e.g., Manufacture of motor truck trailers)
Under-Ground Utilities
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 7 1 1 0

Employment information

Annual average number of employees 98
 Total hours worked by all employees last year 241507.5

Sign here

Knowingly falsifying this document may result in a fine.

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

[Signature]
 Company executive
 Title President
 Date 1/10/12
 (210)951-4452 Phone

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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

Establishment name: **PESADO CONSTRUCTION**
 City: **SCHERTZ** State: **TX**

Form approved OMB no. 1218-0176



Identify the person

Describe the case

Classify the case

Enter the number of days the injured or ill worker was:

Select the "injury" column or choose one type of illness:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe the 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)	(G) Death	(H) Days away from work or restriction	(I) Job transfer or reassignment	(J) Other recordable cases	(K) Days temporary from work	(L) Days job restriction	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	(5) All other illnesses
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OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Year 2018

U.S. Department of Labor
Occupational Safety and Health Administration
Form 300A (Rev. 12/14/19)

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 and that you've added the entries from every page of the log. If you had no cases write "0".

Employers (or 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:

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".

Number of Cases	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	0

Number of Days	Total number of days away from work	Total number of days of job transfer or restriction
(k)	(l)	(m)
185	0	0

Total number of ...

(1) Injury (N)	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	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

File this report within 30 days of the date of the incident or the date of the last day of the injury or illness. If you are unable to file this report within 30 days, you must file it as soon as possible. If you have any questions about this form, contact the nearest OSHA office. OSHA Office of Statistics, Room N-3514, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed form to this office.

Establishment Information

Your establishment name Resale Construction Company
 Street 7054 Preston
 City Schertz State Texas Zip 78151
 Industry description (e.g., Manufacture of motor truck trailers)
 Construction - Underground Utilities
 Standard Industrial Classification (SIC), if known (e.g., SIC 3716)
 OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 7 1 1 0

Employment Information

Annual average number of employees 146
 Total hours worked by all employees last year 392265

Sign here Susan Prock
 Knowlegly falsifying this document may result in a fine.

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

[Signature]
 Company executive
[Signature]
 Title
[Signature]
 Date

Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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

Establishment name: **PESADO CONSTRUCTION**
 City: **SCHERTZ** State: **TX**

Identify the person

Describe the case

Classify the case

Enter the number of days the injured or ill worker was:

Select the "injury" column or choose one type of illness:

(A) Case No.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 3/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and objective/subjective symptoms on right forearm/arm	(G) Death	(H) Days away from work or restriction	(I) Job transfer or restriction	(J) Other recordable cases	(K) Days lost from work	(L) Days lost from restriction	(M) Injury	(N) Skin disorder	(O) Respiratory condition	(P) Poisoning	(Q) Hearing loss	(R) All other illnesses
Reset	Juan Barrera Jr	Pipe Layer	6 / 26	Job site in Comfort, TX	Bumped by a truck & fall to the ground	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	186 days	0 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
 Because the forms in this recordkeeping package are "fillable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 19
 U.S. Department of Labor
 Occupational Safety and Health Administration
 Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
(a) 0	(b) 3	(c) 0	(d) 0

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
(e) 258	(f) 0

Injury and Illness Types						
Total number of ...	(1) Injuries	(2) Skin disorders	(3) Respiratory conditions	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
(g) Total number of ...	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 instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA, Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information
 Your establishment name PESADO CONSTRUCTION
 Street 7054 PIPESTONE
 City SCHERTZ State TX Zip 78154

Industry description (e.g., *Manufacture of motor truck trailers*)
UNDER GROUND UTILITIES
 Standard Industrial Classification (SIC, if known (e.g., 3715))
 OR _____
 North American Industrial Classification (NAICS), if known (e.g., 336212)
237110

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)
 Annual average number of employees 180
 Total hours worked by all employees last year 389616

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.
 Title President
 Name [Signature]
 Date 1.16.2020



Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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

Establishment name: **PESADOCONSTRUCTION**
 State: **TX**

Identify the person

Describe the case

Classify the case

Enter the number of days the injured or ill worker was

Select the "Injury" column or choose one type of illness

(A) Case no.	(B) Employer's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Debris from falls on right forearm from decelerator tower)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job or work restriction	(M) Injury	(N) Skin ulcer	(O) Respiratory condition	(P) Poisoning	(Q) Hearing loss	(R) All other illnesses
1		Operator	4 / 17	Yard at the Pit	Keystone driver struck Pesado's water truck with rear wheel	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	176 days	0 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>		Operator	10 / 8	Tibo's job site	EE broke ankle trying to break his fall	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	53 days	0 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>		Laborer	11 / 11	Microsoft job site	Fractured right ankle/foot	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	29 days	0 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="button" value="Reset"/>						<input type="radio"/>	<input type="radio"/>										

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.

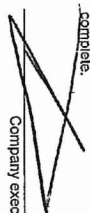
Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

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

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

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

Public reporting burden for this collection of information is estimated to average 59 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	<u>Pasado Construction Company</u>
Street	<u>7054 Pineslane</u>
City	<u>Scherz</u> State <u>TX</u> Zip <u>78154</u>
Industry description (e.g., Manufacture of motor truck trailers)	<u>Construction - Underground Utilities</u>
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	<u>2 3 7 1 1 0</u>
OR North American Industrial Classification (NAICS), if known (e.g., 36212)	
Employment Information	
Annual average number of employees	<u>266</u>
Total hours worked by all employees last year	<u>363107</u>
Sign here	
Knowingly falsifying this document may result in a fine.	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
	_____ President Title
<u>210-561-4452</u>	_____ Date <u>12/29/2020</u>
_____ Phone	

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
 Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

Post this Summary page from February 1 to April 30 of the year following the year covered by the form. Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information	
Your establishment name	Pesado Construction Company
Street	4848 Sinclair Rd.
City	San Antonio
State	TX
Zip	78222
Industry description (e.g., Manufacture of motor truck trailers)	Underground Utilities
North American Industrial Classification (NAICS), if known (e.g., 336212)	237110
Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)	
Annual average number of employees	135
Total hours worked by all employees last year	305,783.42
Sign here	
Knowingly falsifying this document may result in a fine.	
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
Signature	President
Title	President
Date	2/17/2002
Company executive	
Phone	210-651-4452
Reset	



OSHA Citations & Notifications of Penalty

NONE



Safety Citations or Violations

NONE



List of Subcontractors & Suppliers

Suppliers

Core & Main
Vulcan Materials
Pump Solutions, Inc.
Ameritex Pipe & Products, LLC
Park Environmental Equipment, LTD

Subcontractors

Preload, LLC.
Proline Paving
Lone Star Precast
National Work
RRMTZ Concrete Services, LLC
Environmental Allies
Diamondback Mechanical Group
Monarch Fence
Fencecrete America, Inc.
Arias Geoprosessionals
Alterman, Inc.

12. SAFETY PROGRAM:

Name of Contractor's Safety Officer: _____

Include the following as attachments:

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) OSHA No. 500- Log & Summary of Occupational Injuries & Illnesses for the past 5 years.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide the following for the firm listed in Section V (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

Workers' compensation Experience Modification Rate (EMR) for the last 5 years:

YEAR	<u>2021</u>	EMR	<u>0.54</u>
YEAR	<u>2020</u>	EMR	<u>0.65</u>
YEAR	<u>2019</u>	EMR	<u>0.62</u>
YEAR	<u>2018</u>	EMR	<u>0.63</u>
YEAR	<u>2017</u>	EMR	<u>0.63</u>

Total Recordable Frequency Rate (TRFR) for the last 5 years:

YEAR	<u>2021</u>	TRFR	<u>1.60</u>
YEAR	<u>2020</u>	TRFR	<u>1.54</u>
YEAR	<u>2019</u>	TRFR	<u>1.61</u>
YEAR	<u>2018</u>	TRFR	<u>0.90</u>
YEAR	<u>2017</u>	TRFR	<u>0.70</u>

Total number of man-hours worked for the last 5 Years:

YEAR	<u>2021</u>	TOTAL NUMBER OF MAN-HOURS	<u>2,870,775</u>
YEAR	<u>2020</u>	TOTAL NUMBER OF MAN-HOURS	<u>1,688,788</u>
YEAR	<u>2019</u>	TOTAL NUMBER OF MAN-HOURS	<u>1,734,017</u>
YEAR	<u>2018</u>	TOTAL NUMBER OF MAN-HOURS	<u>1,326,906</u>
YEAR	<u>2017</u>	TOTAL NUMBER OF MAN-HOURS	<u>1,144,192</u>

Provide Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor and each of Contractor's proposed Subcontractors and Suppliers) for the last 5 years:

YEAR	<u>2021</u>	DART	<u>1.18</u>
YEAR	<u>2020</u>	DART	<u>1.07</u>
YEAR	<u>2019</u>	DART	<u>1.27</u>
YEAR	<u>2018</u>	DART	<u>0.45</u>
YEAR	<u>2017</u>	DART	<u>0.52</u>

13. EQUIPMENT:

MAJOR EQUIPMENT:

List on **Schedule C** all pieces of major equipment available for use on Owner's Project.

Safety Performance Rates As of 02/08/2022

* EMR renews on 4/30 of each year, it typically does **NOT** change until later in the year but.... it can!

Modification Rate (EMR):							
2022	0.54						
2021	0.54						EMR = Experience Modifier Rate
2020	0.65						
2019	0.62						
2018	0.63						
2017	0.63						
2016	0.65						
2015	0.58						
2014	0.64						
2013	0.80						
2012	0.94						
2011	0.75						
2010	0.74						
Recordable Cases (TRC):							
		Hours Worked	Recordable Incidents	Avg. # Employees			
2021	1.60	2,870,775	23	1436			(RIR) or (TRC) % and # of cases
2020	1.54	1,688,788	13	852			
2019	1.61	1,734,017	14	862			
2018	0.90	1,326,906	6	673			RIR = Recordable Incident Rate
2017	0.70	1,144,192	4	658			TRC = Total Recordable Cases
2016	1.61	1,117,725	9	552			TRIR = Total Recordable Incident Rate
2015	1.48	1,621,168	12	767			TIR = Total Injury Rate
2014	0.60	1,008,268	3	551			TCIR = Total Case Incident Rate
2013	1.37	1,311,127	9	644			
2012	3.58	1,062,349	19	525			
2011	2.25	890,102	10	423			
2010	2.38	1,006,591	12	475			
DART Rate:							
		Hours Worked	Lost Time/Restricted	Avg. # Employees	Lost Workdays	Restricted Days	
2021	1.18	2,870,775	18	1436	10	657	(DART) Lost Time & Restricted Days
2020	1.07	1,688,788	9	852	0	160	
2019	1.27	1,734,017	11	862	28	160	
2018	0.45	1,326,906	3	673	0	17	
2017	0.52	1,144,192	3	658	0	43	
2016	1.25	1,117,725	7	552	79	321	DART = Days Away
2015	0.99	1,621,168	8	767	26	388	
2014	0.40	1,008,268	2	551	49	7	Restricted or Transferred
2013	0.76	1,311,127	5	644	47	681	
2012	2.45	1,062,348	13	525	4	745	
2011	1.35	890,102	6	423	5	156	
2010	1.59	1,006,591	8	475	61	422	
Days Away Rate:							
		Hours Worked	Lost Workday Cases	Avg. # Employees	Lost Workdays		
2021	0.07	2,870,775	1	1436	10		(LTIR) Days Away Rate & Lost Workdays
2020	0.00	1,688,788	0	852	0		
2019	0.12	1,734,017	1	862	28		
2018	0.00	1,326,906	0	673	0		
2017	0.00	1,144,192	0	658	0		
2016	0.18	1,117,725	1	552	79		LTIR = Lost Time Incident Rate
2015	0.25	1,621,168	2	767	26		
2014	0.20	1,008,268	1	551	49		
2013	0.46	1,311,127	3	644	47		
2012	0.19	1,062,349	1	525	4		
2011	0.22	890,102	1	423	5		
2010	0.40	1,006,591	2	475	61		
Transfer / Restriction Rate:							
		Hours Worked	Restricted Workday Cases	Avg. # Employees	Restricted Days		
2021	1.18	2,870,775	17	1436	657		Job Transfer Restricted Rate, Cases & Days
2020	1.07	1,688,788	9	852	315		
2019	1.27	1,734,017	10	862	160		
2018	0.45	1,326,906	3	673	17		
2017	0.52	1,144,192	3	658	43		
2016	1.07	1,117,725	6	552	321		
2015	0.74	1,621,168	6	767	388		
2014	0.20	1,008,268	1	551	7		
2013	0.31	1,311,127	2	644	681		
2012	2.26	1,062,349	12	525	745		
2011	1.12	890,102	5	423	156		
2010	1.19	1,006,591	6	475	422		



Wired for Excellence Since 1923

February 25, 2022


ATTN: Hiring Contractor:

RE: **Alterman, Inc – OSHA Citation History**

As of the date of this letter and for the previous three years, Alterman, Inc. has no OSHA Citations in any jurisdiction in which our work is performed.

Please call me with any questions at (210) 496-6888.

Sincerely,
ALTERMAN, INC.

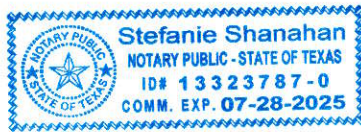

Jon Atteberry
Vice President of Safety

SUBSCRIBED AND SWORN TO before me by the said Jon Atteberry

this 25th day of February, 2022, to certify which witness my hand and seal of office.

07/28/2025
My Commission Expires:


NOTARY PUBLIC in and for the State of TEXAS



3510 N Loop 1604 E. • San Antonio, TX 78247

Office: 210.496.6888

www.GoAlterman.com



Summary of Work-Related Injuries and Illnesses

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

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

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

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	18	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
10	657
(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
	23	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 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 Alterman, Inc.

Street 14703 Jones Maltsberger

City San Antonio State TX Zip 78247

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
1 7 3 1

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

Employment information

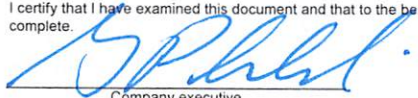
Annual average number of employees 1436

Total hours worked by all employees last year 2,870,775

Sign here

Knowingly falsifying this document may result in a fine.

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


Company executive

CEO & President
Title

FEB 18, 2022
Date

210-496-6888
Phone

*** FOR RECORDKEEPING ONLY - DO NOT POST! ***

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

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 Alterman, Inc.
City San Antonio State TX

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	Job transfer or restriction	Remained at work Other recordable cases	Away From Work (days)	On job transfer or restriction (days)						
						(G)	(H)	(I)	(J)	(K)	(L)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
1		JiW	1/5	1st Floor QA/QC Room	Employee was injured by repetitively pulling wire in an area that had limited space available.			X			101	X					
2		JiW	1/12	Starwell	Employee began to experience pain in his lower back, right side and right hip while walking up the stairs.			X			2	X					
3		Foreman	1/29	Rooftop	Employee tripped and fell on a roof transition striking his right knee, elbow and shoulder.			X			3	X					
4		Foreman	2/3	Public Roadway	Employee was traveling home from a jobsite when he was rear ended by another vehicle.				X		0	X					
5		Appr 1#	2/4	Varian Suites	Employee was pulling wire when he felt a pop in his left arm between his bicep/elbow area.			X			67	X					
6		CE-8	2/25	Microsoft	Employee was attempting to remove a plastic piece from a socket by using a cordless drill when the drill slipped and lacerated his thumb.			X			117	X					
7		JiW	3/31	Toyota	Employee cut into a live wire which resulted in an arc burn.				X		0	X					
8		CW-1	4/13	Truck	Employee was stepping back off the truck and rolled her ankle while getting out of the truck.			X			27	X					
9		Foreman	5/5	St. Mary's University	Employee was kneeling on his right knee and when he went to get up he felt a sharp pain below knee cap.				X		0	X					
10		CE-8	5/27	Microsoft	Employee was injured while lifting a cable tray basket with another employee.		X				10	X					
11		JiW	6/5	UT SEZ	Employee stepped on broken concrete chips while walking back to his area and rolled his ankle.			X			3	X					
12		Appr 2#	6/8	Sea World	Employee injured his lower back while pulling wire.			X			5	X					
13		Appr 5#	6/10	SAWS	Employee & Foreman were unloading a bundle of 1/2", 20ft long rebar, when bundle fell off delivery truck hitting employee's L ankle.			X			29	X					
14		JiW	6/23	Republic Services	Employee stepped off of a bucket truck and stumbled on a hole in the ground.			X			19	X					
15		Appr 1#	6/26	Tesla	Employee cut his left forearm while trying to open a box with a box cutter.			X			10	X					
16		JiW	5/24	Tito's	Employee sprained his ankle while walking from the office to the job site on wet bull rock.				X		0	X					
17		Appr 6#	7/6	UHS Biomed	Employee was installing an adjustable metal bracket that got stuck. As he was pulling them apart he punctured his thumbs on both hands.			X			1	X					
18		CW-1	8/20	Tesla	Employee picked up and carried a 34 pound pallet to his co-worker and injured his back.			X			10	X					
19		CE-4	9/9	UT SEZ	Employee sustained an abdominal strain while reaching out to grab an electrical panel cover that was falling.			X			16	X					
20		CW-1	9/14	Big Lake	A concrete manhole cover fell on employee's left foot.			X			108	X					
21		JiW	10/4	Tesla	A contractor shined a laser pointer into employee's eyes.			X			8	X					
22		JiW	10/9	Microsoft	Employee pinched his left middle finger while moving a generator.			X			51	X					
23		Appr 4#	10/12	Microsoft	Employee was injured while unloading a load bank from its container.			X			80	X					
Page totals						0	1	18	4	0	667	23	0	0	0	0	0



Summary of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0178

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

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

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	9	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	315
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	13	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	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

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Establishment information

Your establishment name Alterman, Inc.

Street 14703 Jones Maltsberger

City San Antonio State TX Zip 78247

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

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

1 7 3 1

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

2 3 8 2 1 0

Employment information

Annual average number of employees 852

Total hours worked by all employees last year 1,688,788

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive

CEO & President
Title

210-496-6888
Phone

1/29/2021
Date

*** FOR RECORDKEEPING ONLY - DO NOT POST! ***

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.



OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

Year 2020

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 Alterman, Inc.
 City San Antonio State TX

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:				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)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1		Apr 1/6	1/10	Stairs	Employee began to experience pain in his lower back, right side and right hip while walking up the stairs.			X			40	X					
2		UCW-1	1/16	11th Floor	Employee was drilling into concrete causing sheet metal to fly toward his face causing a laceration to his right lip.				X			X					
3		Foreman	2/10	Pod D	Employee's left index finger was pinch point between mule tape and a cable puller which caused a laceration to his left index finger.			X			51	X					
4		JIW	2/12	Bldg Floor	Employee stepped down off of a transition on the floor that he was working on and twisted his right knee and felt a pop.			X			14	X					
5		Installer Tech	2/21	MDC #2	Employee stepped off of a ladder and felt a sharp pain in his left knee.				X			X					
6		CE-4	7/8	Pump Station	Employee's ankle/foot was crushed by a pipe that flipped over and landed on his ankle/foot.			X			117	X					
7		JIW	7/30	Entrance to Building	Employee tripped and fell on a warped piece of plywood that was covering a finished area.			X			19	X					
8		JIW	8/17	Floor	Employee was terminating and stripping wire when the blade slipped and cut his left middle finger. Employee was wearing gloves at the time of the incident.			X			14	X					
9		Apr 2/6	8/25	Laydown Area	Employee was adjusting forks on a forklift when one fork slipped from his hand and pinched his finger between the mast and fork.			X			27	X					
10		Apr 4/6	8/28	1st Floor Bldg	Employee tripped on the edge of a sheet of plywood.				X			X					
11		CW-4	10/9	Exterior Bldg	Employee stepped into a hole that had not been covered on the side of a transformer pad and rolled his ankle.			X			31	X					
12		Apr 6/6	12/16	Trench	Employee cut his right index finger while using a concrete rake while moving concrete.			X			2	X					
13		Material Handler	12/29	Floor	Employee was attempting to cut off a tie wrap using a knife, when the knife slipped causing a laceration to the left thumb.				X			X					
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
Page totals						0	0	9	4	0	315	13	0	0	0	0	0



Summary of Work-Related Injuries and Illnesses

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

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

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

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	10	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
28	160
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	14	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	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

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Establishment information

Your establishment name Alterman, Inc.

Street 14703 Jones Maltsberger

City San Antonio State TX Zip 78247

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
1 7 3 1

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

Employment information

Annual average number of employees 862

Total hours worked by all employees last year 1,734,017

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive

CEO & President
Title

210-496-6888
Phone

1-28-2020
Date

*** FOR RECORDKEEPING ONLY - DO NOT POST! ***

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.



OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

Year 2019

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

Alterman, Inc.

City San Antonio

State

TX

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	Restricted at work		Away From Work (days)	On job transfer or restriction (days)						
								Job transfer or restriction	Other recordable cases			(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1		JiW	1/8	Delivery Truck	Employee was unloading a delivery truck when he lost his balance and struck his head on a sidewind tender.				X			X					
2		JiW	1/23	Job Site	Employee was struck in the shin after stepping on a wire tender that was laying on the ground.			X			27	X					
3			Apr 1/6	Ditch	Employee experienced numbness and pain in her right hand after digging trenches with a pickaxe and shovel.			X			10	X					
4		CW - Level 5	4/4	3rd Floor Science Bldg	Employee lacerated his left index finger with a bandsaw.				X			X					
5		JiW	6/14	Ditch	Employee was digging a trench when the wind blew dust/debris in his eye.			X			2	X					
6			Apr 2/6	Board Room	Employee was climbing down a ladder and missed the last step which caused him to fall and hit the back of his head on the corner of a metal cabinet.				X			X					
7		JiW	7/11	Ditch	Employee began to experience pain in his left knee and noticed that he had a red spot on his knee. Employee thought he may have been bitten by a spider while digging a trench. After receiving treatment, he was diagnosed with			X			14	X					
8			Apr 1/6	Warehouse	Employee was feeding a fish tape from an open panel to a j box, as he was getting more slack the fish tape brushed up against a lug as he was holding causing burns to his left.			X			13	X					
9		JiW	7/23	Outside of Building	Employee cut his finger with a portable band saw while cutting material for the job.			X			27	X					
10			Apr 4/6	1st Floor/North Side of Building	Employee was digging a trench when the wind blew dust/debris in his eye.			X			12	X					
11		Warehouse Delivery Driver	6/13	Vehicle	Employee was involved in an auto accident after another driver ran a stop sign and struck the front end of the employee's work truck.		X				28	X					
12		JiW	8/15	Ditch	Employee slipped and twisted his left ankle while stepping over a shallow muddy ditch.			X			13	X					
13		JiW	8/21	North Side of Building	Employee was pulling wire and took off his gloves to clean his safety glasses. During that time, he helped move one side of the wire feeding. The lid of the wire machine was opened and when it moved, the lid fell on his hand.			X			14	X					
14		CW - Level 1	9/18	Electrical Room	Employee strained his back while pulling wire at the job site.			X			28	X					
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23																	
24																	
25																	
Page totals						0	1	10	3	28	160	14	0	0	0	0	0



Summary of Work-Related Injuries and Illnesses

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

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

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

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

Number of Cases

Total number of deaths	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	3	3
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	17
(K)	(L)

Injury and Illness Types

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

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

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

Establishment information

Your establishment name Alterman, Inc.

Street 14703 Jones Maltzberger

City San Antonio State TX Zip 78247

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

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)
1 7 3 1

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

Employment information

Annual average number of employees 854

Total hours worked by all employees last year 1,326,906

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive

President Title
1-25-2019
Date

210-496-6888
Phone

*** FOR RECORDKEEPING ONLY - DO NOT POST! ***

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.

OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

Year 2018



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 Alterman, Inc.

City San Antonio State TX

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 (I)	Other recordable cases (J)	(K)	(L)	Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
1		CE - Level 8	3/6	Science Building	Employee was lifting his service cart over some extension cords when he felt a sharp pain and tearing in his left bicep.			X			3	X					
2		JIW	5/3	Salado Creek Jobsite	Employee was pulling wire and back felt sore.			X			10	X					
3		Apr 8/10	7/11	Office	Employee was attaching a coupling and ran his right wrist over the corner of a metal stud.				X			X					
4		JIW	7/27	Building A Central Plant	Employee lacerated the index knuckle of his left hand with a bandsaw while cutting 500Kcmil wire.				X			X					
5		CE - Level 8	7/28	First floor addition	Employee's glove got caught in a drill while it was running. This caused employee's hand to twist in the drill and get sprained.			X			4	X					
6		Apr 6/6	8/22	Training Classroom	During training, employee was scoring the outer jacket when his right hand slipped and lacerated his left hand.				X			X					
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
Page totals						0	0	3	3	0	17	3	0	0	0	0	0

12. SAFETY PROGRAM:

Name of Contractor's Safety Officer: Robert J. Walsh, DN Tanks Safety Director

Include the following as attachments:

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) OSHA No. 500- Log & Summary of Occupational Injuries & Illnesses for the past 5 years.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all OSHA Citations & Notifications of Penalty (monetary or other) received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide as an Attachment Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) list of all safety citations or violations under any state all received within the last 5 years (indicate disposition as applicable) - IF NONE SO STATE.

Provide the following for the firm listed in Section V (and for each proposed Subcontractor furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) the following (attach additional sheets as necessary):

Workers' compensation Experience Modification Rate (EMR) for the last 5 years:

YEAR	<u>2021</u>	EMR	<u>0.80</u>
YEAR	<u>2020</u>	EMR	<u>0.76</u>
YEAR	<u>2019</u>	EMR	<u>0.73</u>
YEAR	<u>2018</u>	EMR	<u>0.66</u>
YEAR	<u>2017</u>	EMR	<u>0.69</u>

Total Recordable Frequency Rate (TRFR) for the last 5 years:

YEAR	<u>2021</u>	TRFR	<u>1.06</u>
YEAR	<u>2020</u>	TRFR	<u>1.20</u>
YEAR	<u>2019</u>	TRFR	<u>2.77</u>
YEAR	<u>2018</u>	TRFR	<u>2.98</u>
YEAR	<u>2017</u>	TRFR	<u>4.16</u>

Total number of man-hours worked for the last 5 Years:

YEAR	<u>2021</u>	TOTAL NUMBER OF MAN-HOURS	<u>1,321,954</u>
YEAR	<u>2020</u>	TOTAL NUMBER OF MAN-HOURS	<u>1,165,561</u>
YEAR	<u>2019</u>	TOTAL NUMBER OF MAN-HOURS	<u>1,154,046</u>
YEAR	<u>2018</u>	TOTAL NUMBER OF MAN-HOURS	<u>873,284</u>
YEAR	<u>2017</u>	TOTAL NUMBER OF MAN-HOURS	<u>864,753</u>

Provide Contractor's (and Contractor's proposed Subcontractors and Suppliers furnishing or performing Work having a value in excess of 10 percent of the total amount of the Bid) Days Away From Work, Days of Restricted Work Activity or Job Transfer (DART) incidence rate for the particular industry or type of Work to be performed by Contractor and each of Contractor's proposed Subcontractors and Suppliers) for the last 5 years:

YEAR	<u>2021</u>	DART	<u>0.76</u>
YEAR	<u>2020</u>	DART	<u>0.86</u>
YEAR	<u>2019</u>	DART	<u>1.91</u>
YEAR	<u>2018</u>	DART	<u>1.60</u>
YEAR	<u>2017</u>	DART	<u>3.24</u>

13. EQUIPMENT:

MAJOR EQUIPMENT:

List on **Schedule C** all pieces of major equipment available for use on Owner's Project.

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

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

Form approved OMB no. 1218-0176

Establishment name DN Tanks

City El Cajon, Grand Prairie, Wakefield State CA/TX/MA

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)	(M)					
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
OR21-01		Laborer	01/25/2021	Shoring towers	U-head fell on the employees hand causing a laceration				X			X					
OR21-02		Carpenter	03/23/2021	Inside tank	Employee suffered a leg fracture from a fall		X			89		X					
OR21-03		Laborer	6/25/2021	Top of wall	Finger was pinched while using a jack			X			117	X					
OR21-04		Laborer	06/29/2021	Tank wall	Laceration to the face from a breaking wire				X			X					
OR21-05		Carpenter	06/24/2021	Inside tank	Injured bicep while lifting a 6' frame		X			170		X					
OR21-06		Operator	10/28/2021	Tank roof	Finger was fractured while operating a drill		X			45		X					
OR21-07		Superintendent	11/16/2021	Driveway	Finger was pinched between two shotcrete blocks			X			74	X					
Page totals						0	3	2	2	304	191	7	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 2021



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	3	2	2
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
304	191
(K)	(L)

Injury and Illness Types

Total number of... (M)			
(1) Injury	7	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

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

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

Street 351 Cypress Lane

City El Cajon State CA Zip 92020

Industry description (e.g., Manufacture of motor truck trailers)
Construction of Prestressed Concrete Liquid Water Storage Tanks

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

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 7 1 1 0

Employment information

Annual average number of employees 611

Total hours worked by all employees last year 1,321,954

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.

William Crowley 
Company executive President & CEO
Title

781-246-1133 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.

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 DN Tanks
City Ei Cajon, Grand Prairie, Wakefield State CA/TX/MA

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)	(M)					
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
OR20-01		Laborer	4/27/2020	Dome casting beds	Assisting with assembling the side rail of a dome panel form. Using both hands to hold in place a 2x4 while a carpenter nailed it. The carpenter started to swing the hammer when the laborer unexpectedly moved their hand. Unable to stop, they struck the laborers right middle finger.			X			23	X					
OR20-02		Carpenter	7/9/2020	Milling area	Using a nail gun, the nail bounced off a knot in the wood and punctured their left index finger.				X			X					
OR20-03		Labor Foreman	7/21/2020	Alley on west side of tank	The employee was hammering a nail into a pallet while a coworker was hammering the other side of the pallet. The pallet shifted, causing them to miss the nail and hit the tip of their left index finger.				X			X					
OR20-04		Laborer	8/11/2020	Tank floor	During the floor pour the employee was sweating which caused wet clothing, mixed with concrete and burned both legs above the knee.		X			5		X					
OR20-05		Laborer	10/12/2020	Inside tank	Employee was dismantling scaffold inside the tank. They started to climb down the ladder when it buckled and they fell about 10' to the ground. The employee had possibly disconnected one of the ladder brackets by mistake.		X			80		X					
OR20-06		Laborer	10/21/2020	Wrapping machine	Cutting wire with a grinder when it kicked back, cutting them in the forearm			X			5	X					
OR20-07		Pump Operator	11/19/2020	Boom lift basket	The employee was fixing the cable which came off of the wire winding winch. They put their arm in a bad position and got it caught between the winch and the cable. Xrays confirmed a break in the forearm.			X			42	X					
Page totals						0	2	3	2	85	70	7	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)

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."

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>2</u>	<u>3</u>	<u>2</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>85</u>	<u>70</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>7</u>	<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 DN Tanks

Street 351 Cypress Lane

City El Cajon State CA Zip 92020

Industry description (e.g., Manufacture of motor truck trailers)
Construction of Prestressed Concrete Liquid Water Storage Tanks

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

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 7 1 1 0

Employment information

Annual average number of employees 560

Total hours worked by all employees last year 1,165,561

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.

William Crowley 
Company executive

President & CEO
Title

781-246-1133
Phone

1/20/2021
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 2019

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

Form approved OMB no. 1218-0176

Establishment name DN Tanks
 City El Cajon/ Wakefield/ Grand Prairie State CA/MA/TX

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)	(M)					
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
OR19-01		Laborer	1/9	Southeast quadrant of tank area	Employee's right shoulder and arm were pinched between a concrete wall panel and the crane. Contusion/ hematoma.			X			89	X					
OR19-02		Laborer	3/1	Inside warehouse	Slipped on oil on the floor, fell and landed on arm causing a contusion.		X			153		X					
OR19-03		Superintendent	4/8	Driveway of jobsite	While guiding a concrete pump truck off the jobsite, the truck drove over a steel road plate causing the edge to lift up and come back down on the foot, crushing the toes.		X			90		X					
OR19-04		Carpenter	4/13	Manlift basket	Started up pressure washer, the hose escaped hand and the brass fitting hit them in the face causing a laceration.				X			X					
OR19-05		Laborer	4/15	On the ground inside tank	Pushing water on the floor with squeegee, turned wrong and twisted the knee				X			X					
OR19-06		Laborer	4/24	Next to box trailer	While cutting a test cylinder with a knife, they forced down the knife too hard and it came out the other side, cutting them in the leg.				X			X					
OR19-07		Carpenter	5/10	Between tanks in grassy area	Tick bite. Was given antibiotics at the clinic as a precautionary measure				X			X					
OR19-08		Operator	6/24	Inside cab of machine	Employee went to switch seats with coworker inside cab of machine. When they walked their foot went through the open hatch in the floor. Caught fall on seat with arms/ elbows and strained the left shoulder.		X			112		X					
OR19-09		Laborer	7/29	On the ground inside tank	Cutting 1" rebar, a piece flew off the end and hit them in the thigh causing a laceration.			X			1	X					
OR19-10		Laborer	8/7	Standing on top of precast wall stack	A shackle being lifted by another employee hit them in the eyebrow causing a laceration.			X			4	X					
OR19-11		Carpenter	8/7	Setting wall panels	Hand was pinched between concrete wall panel and seismic cable while setting the panel, causing a laceration			X			15	X					
OR19-12		Carpenter	8/27	On ground at work station	Laceration and fracture of the thumb from hitting it with a hammer while assembling forms.			X			6	X					
OR19-13		Superintendent	8/27	Navy pier	Carrying a roll of liner material on their shoulder. It started sliding forward so they caught it with the right hand and pushed it back up. Experienced pain in right shoulder.				X			X					
OR19-14		Laborer Apprentice	10/21	Middle of wall panel	Removing the chute from a concrete truck. The driver started to move the chute away as the employee was pulling on it. They felt a strain in the right bicep.		X			6		X					
OR19-15		Laborer	12/4	Next to wall bed	Bent over to pick up a 2x4. Slipped on ice and their right knee buckled, causing them to fall to the ground.			X			35	X					
OR19-16		Labor Foreman	12/17	On ground inside tank	A dolly for shoring material was leaning against a frame. As the employee standing in front of it began to walk away, the dolly fell over, striking them in the leg. A protruding bolt punctured a hole in the back side of their right calf.			X			20	X					
Page totals						0	4	7	5	361	170	16	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.

Summary of Work-Related Injuries and Illnesses



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

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

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

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	4	7	5
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
361	170
(K)	(L)

Injury and Illness Types

Total number of... (M)	
(1) Injury	16
(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 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 DN Tanks

Street 351 Cypress Lane

City El Cajon State CA Zip 92020

Industry description (e.g., Manufacture of motor truck trailers)
Construction of Prestressed Concrete Liquid Water Storage Tanks

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

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

2 3 7 1 1 0

Employment information

Annual average number of employees 700

Total hours worked by all employees last year 1,154,046

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.

Daniel Wallace
Company executive

Safety Director
Title

(619) 440-8181
Phone

1/21/2020
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 2018

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 DN Tanks

City EI Cajon/ Grand Prairie/ Wakefie State CA/TX/MA

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:				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)	Job transfer or restriction	Other recordable cases								
OR18-01		Laborer	1/23/2018	Casting Bed	Slipped on plastic & sprained low back			X			42	X					
OR18-02		Superintendent	2/23/2018	Driveway	Slipped on ice while walking to truck			X			16	X					
OR18-03		Laborer	3/5/2018	Roof to ground	Stepping off tank roof edge and sprained low back		X			93		X					
OR18-04		Laborer Appr.	5/9/2018	Ladder out of tank	While climbing a ladder an employee above dropped material hook on employee				X			X					
OR18-05		Carpenter	6/8/2018	tank floor	Holding a slam anchor that fractured when hit, fragment went into employees				X			X					
OR18-06		Mechanical Engineer	8/8/2018	Roof of tank	While moving the tendon ram, the cart tipped over. The employee tried to catch the cart, when their finger was pinched between the cart handle and counterweight			X			45	X					
OR18-07		Carpenter	8/21/2018	Material storage area	Employee was adjusting depth of circular saw blade. Accidentally hit trigger, catching their glove and cutting finger.			X			59	X					
OR18-08		Laborer	8/27/2018	Top of dome panel	Vibrating concrete on the dome, employee lifted the vibrator and felt a strain in the wrist			X			8	X					
OR18-09		Carpenter	10/3/2018	Outside office trailer	Employee was using a circular saw. Loose fit clothing got caught in the blade, causing it to pull back towards them and cut across the abdomen.		X			27		X					
OR18-10		Laborer	10/1/2018	tank floor	Walking on rebar, lost balance and fell. Landed on hand and injured pinky finger			X			81	X					
OR18-11		Carpenter	10/11/2018	tank floor	While holding jack, the handle lifted up and struck the back of employees hand				X			X					
OR18-12		Laborer	11/21/2018	Casting Bed	Employee was screeding concrete panels. Felt pain in the abdomen when moving around the screed.				X			X					
OR18-13		Carpenter	12/21/2018	Decking	Employee was stripping shoring decking. The 2 ft crowbar slipped, hit the employee in the mouth, and chipped the front tooth.				X			X					
Page totals						0	2	6	5	120	251	13	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.

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
<u>0</u>	<u>2</u>	<u>6</u>	<u>5</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>120</u>	<u>251</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>13</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 DN Tanks
 Street 351 Cypress Lane
 City El Cajon State CA Zip 92020

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

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

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 7 1 1 0

Employment information

Annual average number of employees 509

Total hours worked by all employees last year 873,284

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.

Daniel Wallace
Company executive

Safety Director
Title

(619) 517-3224
Phone

1/28/2019
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 2017



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

Form approved OMB no. 1218-0176

Establishment name DN Tanks

City El Cajon/Grand Prairie/Wakefile State CA/TX/MA

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)					
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
OR17-01		Laborer	2/8	San Antonio, TX; Ground outside tank	Eye abrasion from accidental release of shotcrete into employee's eye				X			X					
OR17-02		Carpenter	3/23	Sparks, NV; wall form scaffolding	Hand pinch from the scaffold and strong back			X			7	X					
OR17-03		Carpenter	4/12	Cypress, CA; top of tank wall	Laceration to lip from striking rebar				X			X					
OR17-04		Assistant Superintendent	5/11	Montgomery, TX; in boom lift basket	Abrasion to leg from pressurized sand				X			X					
OR17-05		Carpenter Apprentice	5/26	Schulenburg, TX; top of tank	Lumbar strain			X			3	X					
OR17-06		Laborer	7/22	Amandaville, WV; east of tank at wall casting bed	Laceration to left leg from grinder			X			1	X					
OR17-07		Laborer	7/28	Green Bay, WI	Laceration to left thumb from knife			X			7	X					
OR17-08		Laborer	8/16	Seguin, TX; box trailer	Eye abrasion from concrete during grinding			X			7	X					
OR17-09		Laborer	8/22	Angleton, TX; Wall and dome beds	Concrete burn on lower stomach			X			12		X				
OR17-10		Carpenter	8/23	O'Fallon, MO; Trailer	Left shoulder strain from closing trailer door				X			X					
OR17-11		Carpenter	9/5	Philadelphia, PA; Tank floor	Laceration to wrist from carrying dome vent			X			2	X					
OR17-12		Mason	9/11	Bozeman, MT; Trailer	Laceration to left hand from knife while cutting zip ties			X			7	X					
OR17-13		Laborer	9/19	Henryetta, OK; on top of dome	Leg muscle strain			X			14	X					
OR17-14		Laborer	10/24	Bozeman, MT; Tank floor	Sprained Right Wrist while building wall forms		X			42	27	X					
OR17-15		Finisher	10/26	Hines, IL; Near wall form panels	Right shoulder strain while stripping panels			X			26	X					
OR17-16		Laborer	11/9	Hines, IL; Near tank footing	Employee slipped and fell backward resulting in a strained back, shoulder, and leg		X			18	34	X					
OR17-17		Laborer	12/5	Wylie, TX near tank	Employee cut finger while opening a container			X			6	X					
OR17-18		Pump Operator	12/21	Burleson, TX inside tank	Concrete dust in eye while employee using roto hammer to drill concrete.		X			1		X					
Page totals						0	3	11	4	61	153	17	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.

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



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."

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	11	4
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
61	153
(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
	17	1	0	0	0	0

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

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Establishment information

Your establishment name DN Tanks

Street 351 Cypress Lane

City El Cajon State CA Zip 92020

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


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

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
2 3 7 1 1 0

Employment information

Annual average number of employees 501

Total hours worked by all employees last year 864,753

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.

Daniel Wallace Safety Director
Company executive Title

(619) 440-8181 1/18/2018
Phone Date

Summary of OSHA Citations

Date	Company	Inspection #	Location	Department	Citation	Violation Type	Abated?	Penalty	Corrective Action
9/16/2019	DN Tanks	1433192	Baltimore, MD	MOSH	No eye wash station within immediate work area	Other Than Serious	Abated/ Contested	\$ 2,250.00	Eye wash implemented
5/20/2020	DN Tanks	1475964	Windsor, VT	VT OSHA	No eye wash station on site	Unclassified	Abated/ Contested	\$ 5,287.00	Eye wash implemented

Date: 10/22/2021

Authorized Signature:



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

Establishment name Diamondback Mechanical
 City La Vernia State Texas

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work	On job transfer or restriction	(M) Injury					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
Y95C26103	Jesse Panagopoulos	Technician	1 / 12 <small>month/day</small>	Roof ladder	SA Tx /Fall from ladder/scaffold/platform/Hvac	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250 days	___ days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	___	___	___ / ___ <small>month/day</small>	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	___	___	___ / ___ <small>month/day</small>	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	___	___	___ / ___ <small>month/day</small>	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	___	___	___ / ___ <small>month/day</small>	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	___	___	___ / ___ <small>month/day</small>	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	___	___	___ / ___ <small>month/day</small>	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	___	___	___ / ___ <small>month/day</small>	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___	___	___	___ / ___ <small>month/day</small>	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Summary of Work-Related Injuries and Illnesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
250	0
(K)	(L)

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Diamondback Mechanical

Street 457 County Road 347

City La Vernia State TX ZIP 78121

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

HVAC, Refrigeration, Electrical

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

OR

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

2 3 8 2 2 0

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

Annual average number of employees 13

Total hours worked by all employees last year 17,697

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive

(210 355 8974

Phone

Title

1 / 3 2020

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 2020
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 this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Form approved OMB no. 1218-0176

Establishment name rdback Mechanical Group: A/C, Heat, Refrigerattion and El
 City La Vernia State TX

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) (K)	On job transfer or restriction (days) (L)	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 record-able cases (J)								
1	Jose Campos	HVAC Service Technician	7/7/2020	Interstate IH 10 accessroad	Back injury	0	0	1			1	x					
Page totals						0	0	0	0	0	1	1	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 301

Injuries and Illnesses Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



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

Form approved OMB no. 1218-0176

Information about the employee

- 1) Full Name Paul Price
- 2) Street 6309 Les Harrison Dr
City San Antonio State TX Zip 78250
- 3) Date of birth 8/10/1991
- 4) Date hired 4/20/2020
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional
CMC Fiesta Trails
- 7) If treatment was given away from the worksite, where was it given?
Facility CMC Fiesta Trails
Street _____
City San Antonio State TX Zip 78
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log 1 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 7/7/2020
- 12) Time employee began work 8:00 AM AM/PM
- 13) Time of event 9:35 AM AM/PM Check if time cannot be determined

***Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or SSNs) in the following fields.**

***14) What was the employee doing just before the incident occurred?** Driving to a Jobsite

***15) What happened?** There was a Construction truck that slammed on their brakes to get off of the access road to get off the highway and on to their construction site and caused Mr. Price to slam on his brakes and traffic behind him to do the same. He got rear ended by a Semi-Truck

***16) What was the injury or illness?** Lower Back

***17) What object or substance directly harmed the employee?** Impact from rear end.

18) If the employee died, when did death occur? **N/A - Returned**

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

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

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

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

Completed by <u>Chris Hill</u>
Title <u>Co-Owner</u>
Phone <u>210 355 8974</u> Date <u>7/13/2020</u>

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

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

Form approved OMB no. 1218-0176

Establishment name rdback Mechanical Group: A/C, Heat, Refrigerattion and El
 City La Vernia State TX

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:				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)													
1	Jose Campos	HVAC installer	6/23/2021	Jobiste	Electrical Panel Cover fell and struck head	0	0	1	1	0	1	x						
Page totals						0	0	0	0	0	1	1	0	0	0	0	0	0

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

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

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

OSHA's Form 301

Injuries and Illnesses Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



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

Form approved OMB no. 1218-0176

Information about the employee

- 1) Full Name Jose Campos
- 2) Street 1002 Grand River St
City San Antonio State TX Zip 78221
- 3) Date of birth 12/1/1996
- 4) Date hired 11/20/2020
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional
University Health System
Texas MedClinic
- 7) If treatment was given away from the worksite, where was it given?
Facility Texas MedClinic
Street _____
City San Antonio State TX Zip 78
- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log 1 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 6/23/2021
- 12) Time employee began work 8:30 AM AM/PM
- 13) Time of event 11:15 AM AM/PM Check if time cannot be determined
- *Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or SSNs) in the following fields.
- *14) **What was the employee doing just before the incident occurred?** Installing duct board plenums on the ground and the metal panel fell over and hit his head.
- *15) **What happened?** An Electricla panel from the Electricians was not leaned or secured on the wall properly and the Elec trical panel fell on Jose's head.
- *16) **What was the injury or illness?** Head - Concussion
- *17) **What object or substance directly harmed the employee?** Electrical panel cover
- 18) **If the employee died, when did death occur?** N/A - Returned

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

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

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

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

Completed by <u>Chris Hill</u>
Title <u>Co-Owner</u>
Phone <u>210 355 8974</u> Date <u>6/28/2021</u>

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

Summary of Work-Related Injuries and Illnesses

Year 20 17



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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	3	4	1
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
96	342
(K)	(L)

Injury and Illness Types

Total number of ... (M)	
(1) Injuries	8
(2) Skin disorders	_____
(3) Respiratory conditions	_____
(4) Poisonings	_____
(5) Hearing loss	_____
(6) All other illnesses	_____

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name System Controls & Instrumentation

Street 5404 FM 1044
City New Braunfels State TX ZIP 78130

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

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

OR

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

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

Annual average number of employees 77
Total hours worked by all employees last year 164379

Sign here

Knowingly falsifying this document may result in a fine.

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

[Signature] Human Resources
Company executive Title
(830) 420-3392 1/5/18
Phone Date

Summary of Work-Related Injuries and Illnesses

Year 20 18



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

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u>	<u>1</u>	<u>2</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>9</u>	<u>17</u>
(K)	(L)

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name System Controls & Instrumentation

Street 5404 FM 1044
City New Braunfels State TX ZIP 78130

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

Standard Industrial Classification (SIC), if known (e.g., 3715)
1 7 3 1

OR

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

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

Annual average number of employees 68
Total hours worked by all employees last year 138782.62

Sign here

Knowingly falsifying this document may result in a fine.

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

[Signature] Human Resources
Company executive Title
(830) 420-3392 1/7/19
Phone Date

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
_____	2	2	_____
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
18	163
(K)	(L)

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name System Controls & Instrumentation
 Street 5404 FM 1044
 City New Braunfels State TX ZIP 78130

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

Standard Industrial Classification (SIC), if known (e.g., 3715)
1 7 3 1

OR

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

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

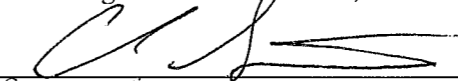
Annual average number of employees 49

Total hours worked by all employees last year 105,722.90

Sign here

Knowingly falsifying this document may result in a fine.

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



 Company executive
 (830) 420-3392
 Phone

Human Resources

 Title
1/16/2020
 Date

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

Summary of Work-Related Injuries and Illnesses

Year 2020



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 and accurate.

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the 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 System Controls & Instrumentation
 Street 5404 FM1044
 City New Braunfels State Texas Zip 78130
 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)
2 3 8 2 1 0

Employment information

Annual average number of employees 55
 Total hours worked by all employees last year 111,078

Sign here

Knowingly falsifying this document may result in a fine.

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

 Company executive

Accounting

 Title

830-420-3392

 Phone

1/2021

 Date

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 and accurate.

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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Establishment information

Your establishment name System Controls & Instrumentation

Street 5404 FM1044

City New Braunfels State Texas Zip 78130

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)
2 3 8 2 1 0

Employment information


Annual average number of employees 46

Total hours worked by all employees last year 97,288.43


Sign here

Knowingly falsifying this document may result in a fine.

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



 Company executive



 Title

830-420-3392 Phone _____

Date 1/20/22



The State of Texas

Secretary of State

CERTIFICATE OF INCORPORATION

OF

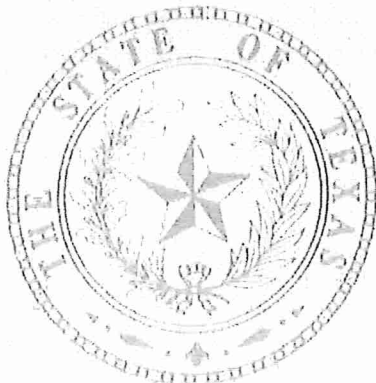
PESADO CONSTRUCTION COMPANY
CHARTER NUMBER 01193165

THE UNDERSIGNED, AS SECRETARY OF STATE OF THE STATE OF TEXAS, HEREBY CERTIFIES THAT ARTICLES OF INCORPORATION FOR THE ABOVE CORPORATION, DULY SIGNED HAVE BEEN RECEIVED IN THIS OFFICE AND ARE FOUND TO CONFORM TO LAW.

ACCORDINGLY THE UNDERSIGNED, AS SUCH SECRETARY OF STATE, AND BY VIRTUE OF THE AUTHORITY VESTED IN THE SECRETARY BY LAW, HEREBY ISSUES THIS CERTIFICATE OF INCORPORATION AND ATTACHES HERETO A COPY OF THE ARTICLES OF INCORPORATION.

ISSUANCE OF THIS CERTIFICATE OF INCORPORATION DOES NOT AUTHORIZE THE USE OF A CORPORATE NAME IN THIS STATE IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER THE FEDERAL TRADEMARK ACT OF 1946, THE TEXAS TRADEMARK LAW, THE ASSUMED BUSINESS OR PROFESSIONAL NAME ACT OR THE COMMON LAW.

DATED MAY 17, 1991



John Hannah Jr.
Secretary of State

ARTICLES OF INCORPORATION
OF
PESADO CONSTRUCTION COMPANY

FILED
In the Office of the
Secretary of State of Texas
MAY 17 1991
Corporations Section

The undersigned natural person, being of the age of eighteen (18) years or more, acting as incorporator of the corporation under the Texas Business Corporation Act, does hereby adopt the following Articles of Incorporation for such corporation (herein referred to as the "Corporation"):

I.

The name of the Corporation is **PESADO CONSTRUCTION COMPANY**.

II.

The period of its duration is perpetual.

III.

The purpose or purposes for which the Corporation is organized are:

To transact any and all lawful business for which Corporations may be incorporated under the Texas Business Corporation Act and to buy, sell, lease, own, and deal in and to transact business with respect to real and personal property and services; and

In general, to have and exercise all the powers conferred by the laws of Texas upon Corporations formed under the Texas Business Corporation Act, and to do any and all of the things hereinbefore set forth to the same extent as natural persons might or could do.

IV.

The aggregate number of shares which the Corporation shall have authority to issue is ten thousand (10,000) shares of the par value of one dollar (\$1.00) per share. The shares are designated as Common Stock and have identical rights and privileges in every respect.

V.

The Corporation will not commence business until it has received for the issuance of its shares consideration of the value of One Thousand Dollars (\$1,000.00), consisting of money, labor done, or property actually received.

VI.

The address of its initial registered office is 1021 Main Street, Suite 2800, Houston, Texas 77002, and the name of its initial registered agent at such address is Patricia S. Riddick.

VII.

The initial Board of Directors consists of one (1) director, and the name(s) and address of the person to serve as the director of the Corporation until the first annual meeting of shareholders or until his successor is elected and qualified are:

NAME

ADDRESS

William Hunter

P.O. Box 19143
Houston, Texas 77224

The number of directors constituting the Board of Directors shall be fixed by the Bylaws or Amendments thereto.

VIII.

Directors shall be elected by majority vote. Cumulative voting is expressly prohibited.

IX.

No shareholder of the Corporation or any other person shall have any preemptive right whatsoever to acquire additional, unissued, or treasury shares of the Corporation, or securities of the Corporation convertible into or carrying a right to subscribe to or acquire shares or other securities of the Corporation.

X.

The name and address of the incorporator is as follows:

NAME

ADDRESS

Patricia S. Riddick

1021 Main Street, Suite 2800
Houston, Texas 77002

XI.

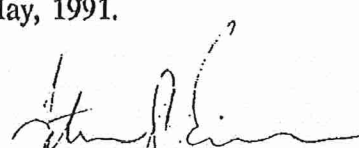
The initial Bylaws of the Corporation shall be adopted by its Board of Directors. The power to alter, amend, or repeal the Bylaws or adopt new Bylaws is vested in the Board of Directors, subject to repeal or change by action of the Shareholders.

XII.

In no event shall any director of the Corporation be liable to the Corporation or its shareholders for monetary damages for any act or omission of any such director in his/her capacity as a director, except for liability for:

- (1) a breach of a director's duty of loyalty to the Corporation or its shareholders;
- (2) an act or omission not in good faith or that involves intentional misconduct or a knowing violation of the law;
- (3) a transaction from which a director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the director's office;
- (4) an act or omission for which the liability of a director is expressly provided for by statute; or
- (5) an act related to an unlawful stock repurchase or payment of a dividend.

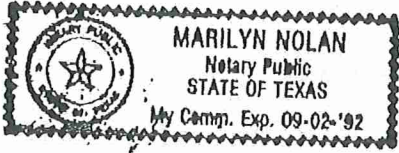
EXECUTED this 14 day of May, 1991.



Patricia S. Riddick

THE STATE OF TEXAS §
COUNTY OF HARRIS §

I, MARILYN NOLAN, a Notary Public, do hereby certify that on this, the 14th day of May, 1991, personally appeared before me Patricia S. Riddick, who, being by me first duly sworn, declared that he is the person who signed the foregoing document as an incorporator, and that the statements therein contained are true.



Marilyn Nolan
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

My commission expires:

9/2/92



The State of Texas

Secretary of State

IT IS HEREBY CERTIFIED, THAT

PESADO CONSTRUCTION COMPANY

FILED ARTICLES OF INCORPORATION IN THIS OFFICE AND WAS ISSUED
A CERTIFICATE OF INCORPORATION ON

MAY 17, 1991;

THAT SO FAR AS IS SHOWN BY THE RECORDS OF THIS
DEPARTMENT, NO CERTIFICATE OF DISSOLUTION HAS BEEN FILED FOR SAID
CORPORATION, AND IT IS STILL IN EXISTENCE.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO
SIGNED MY NAME AND CAUSED TO BE
IMPRESSED HEREON THE SEAL OF STATE ON
MAY 22, 1991



John Hannah Jr.
Secretary of State

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
PESADO CONSTRUCTION COMPANY
SCHERTZ, TX United States

Certificate Number:
2022-892752

Date Filed:
05/31/2022

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
City of Schertz

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
RFP 2022-004
Underground Utilities

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pesado Construction Company	San Antonio, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Shane Hutson, and my date of birth is 04/10/1973.

My address is 4848 Sinclair Road, San Antonio, TX, 78222, U.S.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Bexar County, State of Texas, on the 2nd day of June, 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

Technical Proposal Prepared for
City of Schertz
1400 Schertz Parkway, Bldg. #2
Schertz, TX 78154

Corbett Ground Storage Tank Project - # BID 2022-004



Offered by
**Pesado Construction
Company, Inc.**
4848 Sinclair Rd.
San Antonio, TX 78222
(210) 651-4452



June 3, 2022

City of Schertz

1400 Schertz Parkway, Bldg. #2

Schertz, TX 78154

Reference: Corbett Ground Storage Tank Project - # BID 2022-004

Pesado Construction Company, Inc. (PCC) proposes to provide our Client with Construction Services. As a well-established general contractor specializing in underground utilities and heavy civil construction, Pesado Construction manages projects that range in size from \$750,000 to \$39 million and include wastewater treatment plants, water pump stations, box culvert drainage, site work, and underground utilities.

The PCC team numbers 180 employees who are well trained, safety conscious, and motivated; most having been with the company for ten years or more. Specialties include: mechanical work, civil construction (water, sanitary sewer, and storm drainage), wastewater lift stations and treatment plant construction, pipeline construction, excavation/site work, and more. In addition, our new aggregates division has two locations providing gravel and select fill materials for our construction projects.

Moreover, our clients will receive the benefit of PCC's key core competencies, which include:

- *Financial Strength:* With strong financial statements and reputation, our clients are secure in knowing that the project will be successfully completed on time and within budget. Long-term, we will continue to maintain sustainable growth with fair profit margins and low debt, ensuring solid capitalization and financial strength.
- *Strong Record of Accomplishment:* Over the years, Pesado Construction Company has been recognized many times for our expertise and quality of work, including:
 - *Administrator's Award for Excellence* by the U.S. Small Business Administration
 - *Excellence in Construction Awards (2008)* by the Associated Builders and Contractors, Inc. (ABC) for participation within the construction of McCreless Marketplace.
 - *Excellence in Construction Awards (2018)* by the Associated Builders and Contractors, Inc. (ABC) for participation within the construction of Montana Pass FGST.
 - *Winner, 2015 South Texas Chapter Heavy Civil Project of the Year* by the Associated Builders and Contractors, Inc.

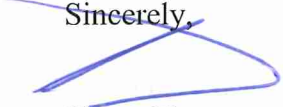


- *Certifications and Associations:* As a Small Business Enterprise contractor, PCC is a member of the American Subcontractors Association San Antonio Chapter, and a member of Associated Builders and Contractors, Inc.

In support of this Project, we express our firm commitment to deliver outstanding performance on behalf of our clients, delivering all services defined in the RFB scope of work on time and within budget. Our past performance providing utility-based construction services similar in scope gives our clients strong evidence that our management and key personnel have the experience, capabilities, and qualifications necessary to meet all the requirements of this contract. In fact, PCC brings a culture of excellence, dedication, and integrity unique in this region.

On behalf of the Pesado team, and as the company's authorized signatory, I am pleased to submit the Technical Proposal and am prepared to provide an in-person interview and/or any additional information required in support of this effort.

Sincerely,


Shane Hutson
President
Pesado Construction Company, Inc.
(210) 651-4452

Additionally, we offer the following compliance statements in support of this contract:

Terms and Conditions: Pesado Construction Company, Inc. (PCC) agrees and will comply with all terms and conditions of the RFB, the Standard Form of Agreement, and the Standard General Conditions of the Construction Contract as detailed therein, as well as all federal, state, and local laws and regulations related to this contract.

Insurance Requirements: Throughout the contract term and thereafter as required, PCC will maintain in effect the Insurance Requirements with limits not less than those required, including the requirements for subcontractor compliance.

Performance and Payment Bonds: Upon contract award, PCC will obtain the required performance and payment bonds within the specified period required under the contract.

Construction Permits: PCC understands its responsibility to obtain any and all permits required in conjunction with the work under this contract if required.

Cost Proposal: Upon contract award, by entering into an agreement, PCC understands that New Braunfels Utilities is relying on our expertise as a General Contractor to provide preconstruction consultation and construct the Project so that it achieves our clients requirements as set forth in the agreement.



EXPERIENCE CONSTRUCTING SIMILAR FACILITIES

Over the years, Pasado Construction Company (PCC) has taken on projects that range in size from \$750,000 to \$39 million. These include wastewater treatment plants, water pump stations, box culvert drainage, and underground utilities. Our management team is supported by over 180 employees who are well trained, safety conscious, and motivated. Their specialties include mechanical work, civil concrete, auger road boring, and rock trenching and most have been with the company for at least 12 years or more.

Construction Awards: As a result of this success, PCC has been recognized several times over the years and received the following awards:

- **Administrator's Award for Excellence** by the U.S. Small Business Administration (SBA),
- **2008 Excellence in Construction Award** by the Associated Builders and Contractors, Inc. (ABC) for the participation with Joeris General Contractors, Ltd. in the construction of McCreless Marketplace, and
- **2015 Heavy Civil Project of the Year Winner** by the Associated Builders and Contractors, Inc., South Texas Chapter.
- **Excellence in Construction Awards (2018)** by the Associated Builders and Contractors, Inc. (ABC) for participation within the construction of Montana Pass FGST.

Certifications and Associations: Member of the American Subcontractors Association San Antonio Chapter, and Member of the Associated Builders and Contractors, Inc.

PROJECTS OVERVIEW

PCC's Construction Experience:

- Civil construction
- Water, sanitary sewer, and storm drainage construction
- Facility construction
- Aggregate Production
- Electrical and communication
- Duct banks;
- Box culverts and drainage channel construction
- Wastewater lift stations and treatment plant construction
- Hard rock trenching
- Auger road boring
- Oil field pad site construction
- Pipeline construction
- Excavation and site work

PCC-Owned Equipment: We offer a full fleet of company-owned heavy civil construction equipment fully serviced and maintained by our certified staff, ensuring a turn key solution for all civil infrastructure projects. With our innovation and expertise, we can accomplish any project by positioning the right equipment by utilizing one or all of the following:

- Heavy Excavators
- Loaders
- Heavy Rock Trenchers
- Backhoes
- Rock Trucks
- Motor Graders
- Compactors
- Water Trucks
- Haul Trucks
- Support Equipment

Past Projects: To fully understand the depth and breadth of experience that PPC brings to this contract, we offer the following list of past projects:

Agua Dulce WWTP Improvement
Alamo Ranch Elementary School

Lowes in Schertz
Loop 410 Box Culverton



Alamo Guenther
Alta Vista @ Stone Oak
Babcock Road Phase V
Bell North Suite
Boerne Middle School
Borgfeld West Enchanted Pump
Braun Pointe Ring Road
Braun Pointe Shopping Center
Cenizo Park Elementary
Concordia Lutheran
Converse Town Square Apt
CPS Duck Bank
Cross Mountain Trail 24 Inch Water Main
Donna Wastewater Treatment Plant
Elm Creek School
Embassy Suites
Existing Broadway WWTP
Fairview Retail
Gonzales Wastewater Treatment Plant
Hardy Oaks Middle School
HEB Bandera
HEB Bulverde
HEB LaVernia
HEB Lift Station
HEB Retail
Heights In Huebner
Indian Hills Booster Pump Station
Intermodal Water & Sewer Union
Intermodal Electric, Water & Sewer
Judson Middle School
Kirby Lift Station
Kitty Hawk Middle
KLJ Chelsea Rd
Kohl's Forum
Kohl's Potranco
L & W Warehouse
LaRisa Apartments
Leon Creek
Lowes in New Braunfels

Lucky Ranch Offsite Water Main
Madison Market
McCreeless Mall
Mission Hills Apartments
NBU Water Line Adjustment
Neisd Stadium Ph I
North East Lake View College
Northwest Vista College
Old Dominion Freight
Park North Bldg Mg
Pearl Brewery
Pecan Crossing Bore
Potranco Village
Progresso WWTP
Reimington Rehab
Renal Medical Office Bldg.
San Miguel Power Plant
San Miquel Mine
SAWS University Pump Station
Shavano Oaks II
Shavano Park Phase II
Singing Hills
Six Flags Texas
Six Flags Wiggles World Neisd
Stone Ridge
Town Creek Force Main & Lift Station
Traders Village
XI Hunter Cement
Union Pacific Rr
Universal City Golf Course
Uthsc-Marc
Utsa-Laurel Village
Utsa Uc Ph Iii
Valero Family Child Care
Valero Data Center Alterman
Wal-Mart Foster Rd
Wal-Mart Supercenter # 5146
West Point
Woodlawn Apartments

Project #1: Leon Creek WWTP Interconnect

WWTP Interconnect Improvements – Leon Creek

Facility Owner:

San Antonio Water System
San Antonio, Texas

Project Cost: \$7,964,288

Period of Performance:
16 months

Point-of-Contact:

Mike Villanueva
210-233-3604
mvillanueva@saws.org

Brief Description of the Project:

WWTP Improvements and 60" Sanitary trunkline. Headwork's modifications, new bar screen, gate replacements, diversion structures 40' to 50' depth. Built 78" aerial steel pipe crossing 300 length. Placed 8,300 lf of 60" FRP sewer at depths of 24' to 50' vertical feet.

Engineer of Record and Owner Representatives:

Chis Dumas, P.E.
Alissa Lockett, P.E.

Pesado Construction Key Personnel on this Project:

Steve Guerra, PM
Shane Hutson, VP



Project #2: Singing Hills Unit #1 – Lift Station & Utility Work

Singing Hills Unit #1 – Lift Station

Facility Owner:

Middleman Construction (GC)
9631 McCullough Ave.
San Antonio, TX 78216

Location:

Bulverde, TX
Hwy 281 and Hwy 46

Project Cost: \$10,578,238

Completion Date: July 2015

Point-of-Contact:

Mike Bunger, VP
210-342-6322
mike.bunger@middlemanconstruction.com
MiddlemanConstruction.com

Brief Description of the Project:

The project consists of a new Wastewater treatment plant, Lift station, and utility work for a major development in Bulverde, TX. WWTP consist of a 212,000-gal storage tank, package plant, structural concrete, pump station, electrical / instrumentation, and plant piping. Lift station includes the 96” diameter wet well, pumps and piping. The utility package includes 10 barrels, 10’x6’ box culverts, storm drain to 60” diameter, 25’ wide storm structures, sewer to 20’ deep, and water main to 16” diameter.

Engineer of Record and Owner Representatives:

Moy Tarin Ramirez Engineers
12770 Cimarron Path 100
San Antonio, Tx 78249

Pesado Construction Key Personnel on this Project:

Shane Ahrens, PM
Brian McGurk, Superintendent



Project #3: Microsoft SAT 09&10 – Storm Drain, Sewer, Water Lines, and Duct Bank

Storm Drain, Sewer and Water Lines, and Duct Bank	
<p><u>Facility Owner:</u> Microsoft Corporation One Microsoft Way Redmond, Washington 98052</p> <p><u>Location:</u> 15372 Lamda Drive San Antonio, TX 78245</p> <p><u>Project Cost:</u> \$13,957,517</p> <p><u>Completion Date:</u> September 2010</p> <p><u>Point-of-Contact:</u> Anthony O’Leary, PM 512-486-3800 aoleary@r-o.com</p>	<p><u>Brief Description of the Project:</u></p> <p>Utility – High profile and secure jobsite, work included, but not limited to 14,831 Storm Drain, 2,83 Temp Storm Drain, 5,430 Sanitary Sewer, 17,187 Waterlines, 8,180 Telecom Ductbank, 8,182 Electrical Ductbank, 8,730 Concrete Encasement.</p> <p>Site Work – Demo/Remove 210 SY of Concrete Median, Concrete Driveway 290 SY, 8” Thick Stabilized Rock Area 790 SY, Remove Temp. Staging Area 8,290 CY, Subgrade Prep (All Details) 53,090 SY, 16” Base Course 5,290 SY, HD 16” Course Base 43,950 SY, LD 10” Base Course 38,130 SY, Prime/Pave 3” HMAC Type D/C 43,950 SY, Prime/Pave 2” HMAC Type D/C 38,130 SY, Shoulder Up Pavement Edges 7,250 LF, 4” Thermoplast 11,640 LF, Striping for Parking Lot 16,000 LF, Zone Stripping 4,400 LF, Fire Lane Stripping 9,300 LF, 559 Concrete Wheel Stops, 76 Light pole Bases, 6’ Temp. Fence 6,500 LF. Remove Temp. Gravel Road 2,670 CY, Sub Grade Prep (Paving) 47,470 SY, Sub Grade Prep (Flatwork) 2,290 SY, 7” Concrete Curb 9,965 LF, Monolithic Concrete Curb 914 LF, Concrete Header Curb 80 LF, 4” Concrete Sidewalk 2,290 SY, 8 Sidewalk Ramps, 6” Concrete Island 105 SY, Gate Equipment Footing, 6” Concrete Paving 1,363 SY, 7” Concrete Paving 11,335 SY, 82 Concrete Safety Barriers, 60 Ecology Blocks, 4” Thermoplast (REFL,W) 8,140 LF, 9 HC Symbols, 38 Pipe Bollards.</p> <p><u>Engineer of Record and Owner Representatives:</u> Rogers-O’Brien Construction 3901 S Lamar Blvd, Suite 200 Austin, TX 78704 512-486-3800</p> <p><u>Pesado Construction Key Personnel on this Project:</u> Cesar Gonzalez, PM Shane Hutson, VP</p>



Project #4: Highland Estates Montana Pass Floating GST

Lift Station and Force Main

Facility Owner:

San Antonio Water Systems
 PO Box 2449
 San Antonio, TX 78298

Location:

1550 E. Borgfeld Drive
 San Antonio, TX 78237

Project Cost: \$5,502,855

Completion Date: October 15, 2018

Point-of-Contact:

William Guzman, Inspector
 210-233-3341
 William.GuzmanJr@saws.org

Brief Description of the Project:

Oversaw the construction of a 2.5-million-gallon ground storage tank, installed 5 vertical turbine pumps with associated steel piping. Installed Hydropneumatic tank, as well as a pressure sustaining valve, and performed all sitework as well.

Engineer of Record and Owner Representatives:


Moy Tarin Ramirez Engineers
 12770 Cimarron Path 100
 San Antonio, Tx 78249

Pesado Construction Key Personnel on this Project:

Shane Ahrens, PM
 Joel Schwirtlich, PM



Project #5: Town Creek – FM 782 Gravity Trunkline – Line A

Gravity Trunkline – Line A	
<p><u>Facility Owner:</u> The City of Schertz 1400 Schertz Parkway Schertz, TX 78154</p> <p><u>Location:</u> FM 482 Corridor Schertz, Texas 78154</p> <p><u>Project Cost:</u> \$821,797</p> <p><u>Completion Date:</u> November 2015 100% Complete</p> <p><u>Point-of-Contact:</u> Nick Sherman, CCMA</p>	<p><u>Brief Description of the Project:</u></p> <ul style="list-style-type: none"> 280 lf of Boring 3,878 lf of Sanitary Sewer 3,878 lf of Site Restoration <p><u>Engineer of Record and Owner Representatives:</u> Ford Engineering, Inc. 10927 Wye Drive, Suite 104 San Antonio, TX 78217 210-590-4940</p> <p><u>Pesado Construction Key Personnel on this Project:</u> Shane Ahrens, PM Brian McGurck, Superintendent</p>
	



Project #6: Alamo Guenther – PVC Sewer System Install

PVC Sewer System Install	
<p><u>Facility Owner:</u> San Antonio Water Systems PO Box 2449 San Antonio, TX 78298</p> <p><u>Location:</u> Alamo Guenther, Downtown San Antonio, TX</p> <p><u>Project Cost:</u> \$2,996,307</p> <p><u>Completion Date:</u> May 2015</p> <p><u>Point-of-Contact:</u> Dean Nicholas, Inspector 210-233-3410 deannicholas@saws.org</p>	<p><u>Brief Description of the Project:</u> Includes installation of a 24” Fused PVC & PVC sewer system in an existing busy downtown street with depths to 48’. 2ea Siphon Structures, 60”/24” road boring under the San Antonio River, sewer by-pass pumping and traffic control are required to complete this complicated project. 100% completed.</p> <p><u>Engineer of Record and Owner Representatives:</u> RJN Group Joseph Cotton 210-651-1661 jcotton@rjn.com</p> <p><u>Pesado Construction Key Personnel on this Project:</u> Steve Guerra, PM Shane Hutson, VP</p>
<p><u>Descriptive Documentation:</u> Pesado Construction Company was awarded the 2015 South Chapter Excellence in Construction by ABC, as the project was constructed on time and within the budget.</p>	

Project #7: NBU BS 46-C Utility Adjustments

NBU Sewer Pipe Removal and Replacement	
<p><u>Facility Owner:</u> New Braunfels Utilities PO Box 310289 New Braunfels, TX 78131</p> <p><u>Location:</u> New Braunfels Texas Loop 337 to Landa Street</p> <p><u>Project Cost:</u> \$5,667,018</p> <p><u>Completion Date:</u> June 2015</p> <p><u>Point-of-Contact:</u> Shawn Schorn, P.E. 830-606-3913 sschorn@urbancivil.com</p>	<p><u>Brief Description of the Project:</u> Underground Utilities consisting of removal and replacement of approximately 2,600lf of 6” sanitary sewer pipe and 1,500lf of 8” sanitary sewer pipe. Removal and replacement of approximately 580lf of 6” water main, 593lf of water main, 2,000lf 12” water main, 1,100lf 14” water main as well as adding approximately 2,000 24” water main. Cutting and restoring approximately 4,700sy of pavement. 100% completed.</p> <p><u>Engineer of Record and Owner Representatives:</u> The Schultz Group, Inc. 2461 Loop 337 New Braunfels, TX 78130 Shawn Schorn, P.E.</p> <p><u>Pesado Construction Key Personnel on this Project:</u> Shane Ahrens, P.M. Brian McGurk, Superintendent</p>



Project #8: Tito's Vodka Distillery Expansion – Phase 1

Distillery Expansion	
<p><u>Facility Owner:</u> Fifth Generations, Inc. 12101 Moore Road Austin, TX 78719</p> <p><u>Location:</u> Same</p> <p><u>Project Cost:</u> \$32,030,000</p> <p><u>Point-of-Contact:</u> Tim Taylor 512-243-9480</p>	<p><u>Brief Description of the Project:</u> General Contractor for Expansion of Fifth Generation Distillery 4ea 22,000 sft Distilling Buildings, 166,000 sft Bottling building, warehouses, detention ponds, channel excavation, erosion control on 32- acre site</p> <p>Self-Performed – Complete Civil package including mass excavation, site utilities, storm drainage, lift stations, concrete retaining walls.</p> <p><u>Engineer of Record and Owner Representatives:</u> Charles Fisk 1337 Spyglass Drive Austin, TX 78746 512-422-1337</p> <p><u>Pesado Construction Key Personnel on this Project:</u> Shane Ahrens, PM Shane Hutson, VP</p>