



506 Cooper St  
Monroe MI 48161  
Phone: 734-241-4277  
Fax: 734-241-3602

## **CONSTRUCTION REQUEST FOR PROPOSAL**

**RFP# 22-47**

### **HVAC MAINTENANCE SERVICES**

City of Ann Arbor  
Water Treatment Services Unit



**Due Date: June 6, 2022 by 2:00 p.m. (local time)**

Issued By:

City of Ann Arbor  
Procurement Unit  
301 E. Huron Street  
Ann Arbor, MI 48104



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## A. QUALIFICATIONS, EXPERIENCE AND ACCOUNTABILITY

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### *Resumes of Key Personnel*

#### **Thomas E. Theisen, Vice President**

28 years of experience in Mechanical Contracting. Bachelor of Science, Mechanical Engineer, University of Toledo, 1992. Licensed Professional Engineer, Licensed Boiler Installer, Member of American Society of Heating, Refrigeration, & Air Conditioning Engineers (ASHRAE), CADD Technician, LEED AP, BD&C.

#### **Joseph Theisen, Vice President, Service Manager**

26 years of experience in Mechanical Contracting. Associates Degree in Applied Science in HVACR Technology, Ferris State University, 1995. Licensed Master Plumber and Mechanical Contractor. Monroe Local 671 Joint Apprenticeship Committee Board Member Completed OSHA 30 hr Training Course.

#### **Dale Batson, Project Manager**

25 years of experience in Mechanical Contracting. Licensed State of Michigan Plumber, National Pipe Bureau Certified Welder, Medical Gas Installer, Certified Rigger, Certified Fork Lift Operator, Completed OSHA 30 hr. Training Course.

#### **Benjamin L. Vittore, Project Manager**

10 years of experience in Mechanical Engineering, Bachelor of Science, Mechanical Engineering, University of Toledo, 2013, Safety Officer, Building Information Modeling (BIM), CADD Technician

#### **Eric Brandau, Project Manager/ Estimator**

5 years of experience in Mechanical Engineering, Bachelor of Science, Mechanical Engineering, University of Michigan-Dearborn, 2019, Building Information Modeling (BIM), CADD Technician

#### **Tom Friar, Project Manager/Estimator**

5 years of experience in Mechanical Engineering, 2 years in refining, 1 year in both Nuclear and Mechanical Contracting. Bachelor of Science, Mechanical Engineering, University of Toledo, 2019, CADD/Solidworks Technician

#### **Karol Straub, President, Controller**

37 years of experience in Accounting | Responsible for all of the financial processes and reporting for the Corporation | Supervises daily functions of Monroe Plumbing & Heating Company's Accounting Department



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*Celebrating 73 Years of Mechanical Customer Service*

*Snapshot (2022)*

Monroe Plumbing & Heating Company is a full service mechanical contracting company specializing in industrial and commercial construction for seventy years. Approximately 50% of our work is commercial and about 50% of our work is industrial. We do not perform residential work.

On the commercial side, one of our largest customers is The University of Michigan. We have installed chillers, boilers, medical gas systems, laboratory gasses, plumbing systems and complete heating, ventilating, & air conditioning (HVAC) systems for numerous multi-story buildings at U of M over the past 36 years.



In Monroe, we have completed La-Z-Boy's new World Headquarters and a 358,000 square foot renovation of the Motherhouse for the Sisters, Servants of the Immaculate Heart of Mary, both of which feature energy saving geothermal HVAC systems. We also installed Geothermal HVAC Systems for the entire original Monroe County Community College campus and their new Career Technology Center.

We have completed the mechanical systems for Chelsea, Milan, and Ecorse high schools. We also completed the plumbing and HVAC systems (including the aquarium piping) for one of the largest retail stores in the State of Michigan, Cabela's in Dundee, the HVAC systems for the FAA's control tower at Detroit's Metro Airport and ProMedica Hickman Hospital in Adrian.

On the industrial side, our customers include DTE Energy, Guardian Industries, Michigan Paving & Materials Co., and Gerdau Steel. We have also completed large water supply and sewage treatment jobs for the cities of Ann Arbor, Grosse Pointe Farms, Milan, Monroe and Luna Pier, the Villages of Carleton and Dundee, and Frenchtown, Bedford, and Berlin Townships.



We have a professional engineer (PE) on staff, and have performed design-build projects for many of our customers, including DTE Energy, Dearborn Generation, St. Mary Catholic Central High School, Floral City Beverage and Ventower, a windmill factory located in Monroe. We have Computer Aided Drafting (CAD) capabilities, and are experienced in Building Information Modeling (BIM) projects. Our most recent completed design-assist-build project utilizing Building Information Modeling is the total renovation of Strong Hall at Eastern Michigan University.

Current jobs in progress include the 2022 Bond Renovations at 4 schools in the Monroe Public Schools district, Renovations at Troy, Van Dyke, Flat Rock, and Gibraltar School Districts, Howell Waste Water Treatment Plant, replacing chillers at U of M's Duderstadt building, and major process piping modifications at Gerdau steel facility in Monroe.



We have a dedicated service department and offer twenty-four (24) hour emergency service. We are capable of handling issues that involve plumbing, heating/air conditioning, process and refrigeration systems. We have certified technicians for backflow repairs and certification. We own sewer equipment to assist in drain clearing and camera inspection. Our services range from preventative maintenance, scheduled repairs and emergency service.

**INDUSTRIAL & COMMERCIAL MECHANICAL CONTRACTORS**

COMPLETED PROJECTS	OWNER	ARCHITECT	CONTRACT \$	COMPLETED	Work	Contacts & Phone #
La-Z-Boy (LEED)	La-Z-Boy, Monroe, MI	Collaborative Group	\$9,766,964.04	2015	56%	Brian Lamerson, 419-241-5000
UofM BFX Building	University of Michigan	University of Michigan	\$139,490.00	2016	63%	
Holcim Restroom Remodel	Holcim		\$605,212.00	2016	30%	
UofM Hatcher Heating Piping	University of Michigan	University of Michigan	\$333,573.58	2016	62%	John Hetrick, dhetnck@umich.edu
UofM Wolverine Tower	University of Michigan	University of Michigan	\$215,846.00	2016		Jan Sawyer, jmsawyer@umich.edu
UofM South Hospital AHUs	University of Michigan		\$1,210,191.05	2016	58%	Eric Winquist, ercwin@demariabuild.com
AAPS Burns Park Elem. Boiler	Ann Arbor Public Schools		\$550,047.30	2016	79%	Diana Kelley, 734-994-8118
Ida High School Gym HVAC Replace	Ida Public Schools	Kohler Architect	\$301,100.00	2016	39%	Mark Kohler, mkohler@kohlerarchitect.net
Fermi OSB Chiller Replace	Fermi		\$301,948.00	2015	85%	
DTE PAC Room Renovation	Detroit Edison		\$142,989.00	2016	60%	Barton Malow
UofM School of Education	University of Michigan		\$578,959.05	2016	36%	Jan Sawyer, jmsawyer@umich.edu
Frenchtown Place HVAC Upgrades	Forest City Residential Mngmnt, Cleveland		\$637,245.00	2016	60%	
UofM Taubman (LEED)	University of Michigan		\$3,255,242.00	2016	65%	Paul Yambor, 313-585-5740
UofM Ingalls Chilled Water	University of Michigan	University of Michigan	\$310,699.48	2016	73%	Hannah Smith, 734-764-7422
UofM South Athletic Complex SPC	University of Michigan		\$262,020.99	2016	98%	Anthony Amalio
UofM Institute for Social Research	University of Michigan		\$120,930.00	2016	100%	Matt Fuller, mfuller@umich.edu
Henry Ford CC Cooling Tower Replacement	Henry Ford Community College		\$633,190.00	2017	64%	sandro@htcc.net
DTE Fermi- Roncelli	Detroit Edison		\$567,759.00	2017	65%	Roncelli
UofM Motts Hospital	University of Michigan		\$1,256,000.00	2018	81%	Ron Darr, rdarr@umich.edu
Grosse Ile Schools HS/MS Renovations	Grosse Ile Schools		\$949,349.29	2018	73%	Donielle Wunderlich, dwunderlich@auchconstruction.com
UofM Simpson Medical Research	University of Michigan		\$700,314.00	2018	37%	Andrew Smith, andrews@umich.edu
Syigma HVAC/Plumbing Improvements	Syigma		\$249,325.10	2018	74%	Jennifer Carlsen, jcarlsen@prnmsbuilders.com
EMU Mark Jefferson/Roosevelt Hall	Eastern Michigan University		\$846,933.00	2018	50%	Andy Burch, aburch@clarkcc.com
Airport High School RTU Replace	Airport Schools		\$234,500.00	2017	38%	Dan Fahnestock, dfahnestock
Fermi Outage Work	Fermi		\$292,732.50	2017	100%	
DTE Monroe FGD Waterline	Detroit Edison		\$436,198.78	2017	94%	
Monroe Co. Community College	Monroe County Community College		\$6,778,142.50	2017	76%	Ray Ruiz, 419-654-5855
UofM Central Power Plant	University of Michigan		\$2,228,048.00	2017	59%	Trudy Whitte, trudyz@umich.edu
Guardian Industres	Guardian Industries	Span Construction	\$1,621,985.00	2018	59%	Tim Miller, timm@spanconstruction.com
EMU Strong Hall PreConstruction	Eastern Michigan University		\$235,000.00	2018	58%	Andy Burch, aburch@clarkcc.com
Promedica Lenawee Hospital PreCon	ProMedica		\$121,883.50	2018	100%	
DTE Monroe Dust Collector	Detroit Edison	Commercial Construction	\$202,258.65	2018	99%	
Dundee WWTP	City of Dundee		\$3,446,959.00	2018	80%	Bnan LaBaza, blabaza@sgcs.com
EMU Strong Hall Construction (LEED)	Eastern Michigan University		\$8,241,886.00	2019	67%	Andy Burch, aburch@clarkcc.com
UofM Central Power Plant- Aristeo	University of Michigan	Aristeo	\$945,632.28	2018	95%	Jason Evens, jevens@aristeo.com
UofM Tisch Tennis AHU	University of Michigan		\$977,055.00	2018	69%	Mike Marengi, marengi@umich.edu
UofM Shepherd Gymnastics RTU	University of Michigan		\$411,427.00	2018	31%	Mike Marengi, marengi@umich.edu
Gerdau Caster Upgrade	Gerdau	Walbridge	\$836,766.90	2018	100%	
Grosse Ile Schools Admin Boiler/HS Coil	Grosse Ile Schools	Auch Construction	\$245,665.00	2018	80%	Danielle Eschner, deschner@auchconstruction.com
U of M Student Activities Cooling Tower	University of Michigan		\$439,575.00	2019	60%	John Hetrick, dhetnck@umich.edu
City of Monroe Fire Station	City of Monroe	Auch Construction	\$560,255.00	2019	55%	Aaron St. Dennis, asidennis@auchconstruction.com
Gerdau Ladle Building	Gerdau	Musson	\$228,026.12	2019	58%	Bnan Bostedor, bnanbostedor@gmail.com
Great Lakes Freight- Valley Trucking	Valley Trucking	Rudolph Libbe	\$185,711.00	2019	71%	Jamie Generous, jamie.generous@rlgbuilds.com
Gerdau Melt Shop	Gerdau	Walbridge	\$846,096.16	2019	78%	Chns Moffat, cmoffat@walbridge.com
YanFeng Gas Piping	YanFeng		26,400.00	2020	99%	
U of M Life Sciences	University of Michigan		23,700.00	2020	99%	Nicole Snyder, nicoles@vmsystems.com
Oerlikon Metco: HW System	Oerlikon Metco		92,291.00	2020	99%	
U of M Schembechler Hall	University of Michigan		491,779.70	2020	90%	Paul Doepfer, pdoepfer@umich.edu
EMU Strong Hall Domestic Booster Pump	EMU		38,472.00	2020	99%	
Newco Meijer Howell Remodel	Meijer		113,400	2020	93%	Taylor Arbogast, taylor@newcodb.com
EMU Jones Pool Locker Room- Granger	EMU		241,685.00	2020	79%	Chris Scharlach, cscharlach@granger.com
U of M Modern Languages Building	University of Michigan		245,680.00	2020	49%	dcknight@umich.edu

Monroe Public Schools Custer Furnace Replace	Monroe Public Schools	Kohler	64,200.00	2020	50%	Mark Tafelski; mtafelski@kohlerarchitect.net
Macomb Community College AHU	Macomb Community College		49,900.00	2020	99%	
Airport Schools Boiler	Airport Schools		98,300.00	2020	99%	Ken Andrews
Henry Ford College Drinking Fountains	Henry Ford College		15,705	2020	99%	
Frenchtown Water Treatment Plant	Frenchtown Township		204,706	2020	17%	
Monroe Co. Community College	Monroe County Community College		393,740.00	2020	25%	
Toyota Chassis #9	Toyota		271,543.00	2020	70%	
DTE Undertrain Laterals	Detroit Edison		142,793.00	2020	100%	
DTE Coatsweeps	Detroit Edison		199,606.05	2021	100%	
ProMedica Hickman Hospital	ProMedica		13,509,350.00	2020	99%	Patricia Eckelberry; peckelberry@tcco.com
U of M Dearborn RTU Replace	University of Michigan		225,696.00	2021	99%	Jerry Vancouwenberghe; jerryvan@umich.edu
EMU DC3 Boiler Replace	EMU		427,385.00	2020	99%	Chris Longbeam; clongerba@emich.edu
Dearborn Schools Mcdonald Elementary	Dearborn Schools		49,871.00	2020	99%	
Canton VA Center	Canton VA		1,069,411	2021	99%	
DTE Oily Waste	Detroit Edison		367,288	2021	99%	
Gerdau Cooling Bed Lubrication Systems	Gerdau		415,354	2021	67%	
Gerdau EAF	Gerdau		3,491,855	2021	96%	
Chelsea 300, 400, Media Remodel	Chelsea School District		254,994	2021	75%	75%
Monroe Public Schools 2021 Bond Project	Monroe Public Schools		6,197,830	2021	70%	70%
Bedford High School Tunnels	Bedford Public Schools		1,196,514.00	2021	80%	80%
Toyota Chassis 8	Toyota		314,400	2021	63%	63%

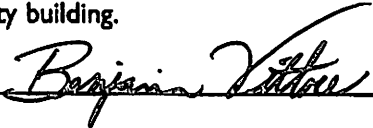
**Monroe Plumbing & Heating Company Quality  
Program  
Statement of Purpose**

Since our founding in 1948, Monroe Plumbing & Heating Company has consistently enjoyed a reputation for constructing buildings of the highest quality and lasting impact. That reputation has been, and continues to be, a source of pride and passion in a company dedicated to being the very best in its field.

Quality is a mindset and an attitude. It flows from our culture of leadership and the analytical thinking and planning that accompany it. Monroe Plumbing & Heating Company Quality Program provides a proactive framework for our team to ensure the quality of every project we lead.

While constructing a project on time and within budget is extremely important, it is the *quality* of the building that leads to our customer's lasting satisfaction and is at the heart of our pride in our work. Bringing together the owner, architect, engineer, and trade contractors in a tireless effort to achieve quality is central to our company's purpose to unite great people in great achievement.

The four stages of Monroe Plumbing & Heating Company's Quality Program guide our actions throughout the entire project, from our first analysis of the construction documents until the owner's acceptance of the completed building. Our unflinching dedication to this process allows us to continue the longstanding tradition of Monroe Plumbing & Heating Company to provide each customer with a superior quality building.

  
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\_\_\_\_\_  
Monroe Plumbing & Heating Company  
Project Superintendent  
\_\_\_\_\_

\_\_\_\_\_  
Monroe Plumbing & Heating Company  
, Project Manager  
\_\_\_\_\_



1. **Monroe Plumbing & Heating Company Quality Program Statement of Purpose**
  2. **The Quality Assurance & Control Plan (QA/C) for Projects**
    - 2.1 **Define work properly**
      - 2.1.1 **Assess constructability**
      - 2.1.2 **Evaluate specifications**
      - 2.1.3 **Confirm project scope with team**
      - 2.1.4 **Describe Work Categories**
    - 2.2 **Select capable trade contractors**
      - 2.2.1 **Evaluate trade contractors**
      - 2.2.2 **Lead Pre-Bid Meetings**
      - 2.2.3 **Lead Post-Bid Meetings**
      - 2.2.4 **Evaluate bids**
      - 2.2.5 **Award subcontracts**
    - 2.3 **Communicate quality standards and expectations**
      - 2.3.1 **Establish QA/C Project Team**
      - 2.3.2 **Customize Project QA/C Plan**
      - 2.3.3 **Facilitate Requests For Information (RFI)**
      - 2.3.4 **Coordinate approval of submittals**
      - 2.3.5 **Lead Pre-Installation Meetings**
    - 2.4 **Monitor quality continuously**
      - 2.4.1 **Assess weather impact on quality**
      - 2.4.2 **Set stage for quality installation of materials and equipment**
        - 2.4.2.1 **Inspect site prior to trade contractor's work**
        - 2.4.2.2 **Certify quality at the source**
        - 2.4.2.3 **Inspect on site deliveries**
        - 2.4.2.4 **Ensure proper storage**
      - 2.4.3 **Validate work in progress continuously**
      - 2.4.4 **Document on-going monitoring, inspections and tests**
        - 2.4.4.1 **Issue Quality Deficiency Reports**
      - 2.4.5 **Perform third party inspections**
      - 2.4.6 **Validate systems operation**
      - 2.4.7 **Turn over building to client**
  3. **Project-Specific Quality Priorities and Plan**
    - 3.1 **QA/C Team Members and Responsibilities**
    - 3.2 **Unique or Critical Quality Challenges**
    - 3.3 **Additional Testing and Inspections**
    - 3.4 **Anticipated Weather Conditions and Moisture Control Plan**
  4. **Quality Checklists by Specification Section**
-



## Project Closeout

Monroe Plumbing & Heating Company believes the close out process will begin at the initial stages of the commissioning process and be completed and submitted within two weeks after all equipment start-up, commissioning is completed and owner training has been performed.

Punch lists will be generated periodically, corrected, signed off and documented within 30 days of punch list distribution.



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## **B. Workplace Safety**

1. On-Going Work Place Safety and Training
  - a. Company Safety
  - b. Company Safety Manual
2. EMR Rating
  - a. Current EMR Rating
3. Safety Record MIOSHA Documentation
  - a. Current MIOSHA Report



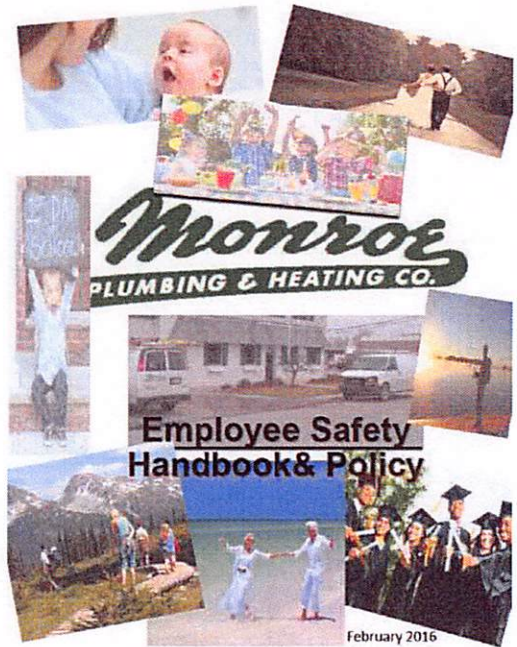
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### Company Health and Safety Program

*Not just a business, but a work family looking out for safety!*

The safety, health, and general well-being of our work family, as well as the community we serve, is a cornerstone of Monroe Plumbing and Heating. Our ongoing mission is to provide and maintain an environment where this can occur. We strive for a proactive approach to safety where work place hazards are mitigated before accidents occur. We proactively try to prevent accidents and strive to can create a safe work environment for everyone.

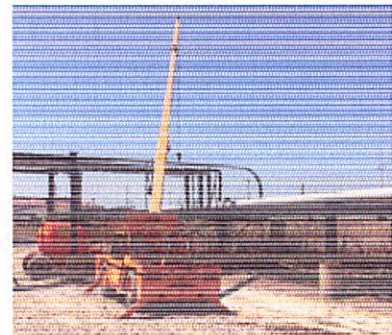
Safety is addressed daily at our jobsites. Each day begins with a "job huddle" or a "job hazard analysis". Here the guidelines are laid for basic safety and efficiency. We also require a weekly safety discussion where all employees are encouraged to give input. Keeping all employees up to date on safety training and safe working procedures aids in the well-being and protection of our workers.



Monroe Plumbing and Heating's Experience Modification Rating (EMR) has dropped consistently to its now low rate of .73. Monroe's approach of proactive safety measures includes regular training, certification, and collective participation of all employees. Involvement in MIOSHA safety "stand downs" and "taking a stand day" are constant reminders that safety is the most important concept on the construction site.

Here at Monroe Plumbing and Heating, our work motto is:

**"Safety... part of my job... All of my livelihood."**





## Employee Safety Policy

Updated: July 2020

# ***EMPLOYEE SAFETY & HEALTH POLICY***

## **Introduction**

The purpose of the Monroe Plumbing and Heating Company Safety Program is to minimize the hazards and risks associated with its operations.

To accomplish these objectives and goals, every employee's participation is essential. This manual has been created to ensure that the safety policies and procedures of Monroe Plumbing and Heating Company are understood and implemented by its employees.

The Monroe Plumbing and Heating Company safety policy and program will be reviewed periodically by a committee of both management and employees. In addition, Monroe Plumbing and Heating Company encourages any suggestions from its employees which will enhance and improve this safety program.

Monroe Plumbing and Heating Company employees, as well as its subcontractors, share an obligation to adhere to the guidelines established by this manual. In addition to these standards, all standards established by the Michigan Occupational Safety and Health Administration (MIOSHA), as well as standards established by a particular project site, shall apply.

Violations or neglect to the Monroe Plumbing and Heating Company Safety Program may result in discipline, including possible termination.

Tim Theisen  
Safety Director  
7/6/2020

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**Emergency Phone Numbers**

**AMBULANCE - EMS** \_\_\_\_\_

**POLICE DEPARTMENT** \_\_\_\_\_

**FIRE DEPARTMENT** \_\_\_\_\_

**JOBSITE NAME** \_\_\_\_\_

**JOBSITE ADDRESS** \_\_\_\_\_

**NEAREST CROSS STREETS** \_\_\_\_\_

\_\_\_\_\_

**NON EMERGENCY – FIRST AID TREATMENT**

**FIRST AID KIT LOCATION (S)** \_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

**HOSPITAL LOCATION** \_\_\_\_\_

**CLINIC LOCATION** \_\_\_\_\_

**\*\*\*\*\*Notify the company office as soon as possible of any accidents\*\*\*\*\***

**COMPANY PROJECT NO.** \_\_\_\_\_

# ***Monroe Plumbing & Heating, Co.***

## ***POLICY STATEMENT***

Monroe Plumbing & Heating, Co. has developed a comprehensive safety program that addresses our specific safety concerns and provides guidance for the performance of our individual job tasks within the framework of appropriate Federal OSHA and applicable (State) MIOSHA Regulations.

Safety takes a commitment from all personnel within our organization. Training will be interactive with an opportunity for all employees to actively participate, ask questions, make suggestions, and refer to our written policies and procedures.

It is the policy of Monroe Plumbing & Heating, Co. to provide a work environment that is inherently safe. The safety and health of our employees is of primary importance as they are our most important resource.

Safety training needs will be identified by continual reassessment of our work methods, equipment and job sites as well as employee and management input. Observation of unsafe acts will be addressed immediately.

Each employee is encouraged to contact their Supervisor immediately should a safety or health risk exist so the corrective action may be taken immediately.

Safety requires not only that each person understand and perform individual tasks in a safe manner, but also that each individual is aware of his surroundings and is actively involved in the safety of others.

This Policy Statement will be conspicuously posted with OSHA form 2203, Job Safety & Health Protection.

Edward R. Theisen  
President  
7/6/2020

## ***MISSION STATEMENT***

The Mission of Monroe Plumbing and Heating Company is simply to be the *best mechanical contractor in the world*. We will accomplish our mission by adhering to the following principles:

- Always treat our customers as special, and realize that they are the reason we are in business. If we do not take care of our customers, someone else will.
- Treat our employees, sub-contractors, and suppliers as we wish to be treated.
- Strive every day to improve the quality & delivery of our work with the help & input of our employees.
- Perform our work in the safest manner possible.
- Put our work and our business into the hands of God.

Edward R. Theisen  
President

## **RESPONSIBILITIES**

Though the overall responsibility for Monroe Plumbing & Heating Company's Safety Program is by its Management, the maintenance of safe working conditions is an on-site responsibility.

The following provides a brief description of the responsibility of each project member.

1. **Executive Management** must understand and support the objectives of the Safety Program by providing sufficient appropriations, technical and administrative support, program coordination and instruction, and overall supervision of the entire Safety Program.
2. **Safety Director** must ensure that all safety procedures are executed on all job sites. It is the function of the Safety Director to provide training and educational literature, develop safety programs and literature, take disciplinary measures when necessary, and procure and maintain safety equipment on job sites. The Safety Director is also responsible for performing job site inspections (Appendix A), investigating job site injuries or near misses (Appendix F), assisting with reporting functions, and shall serve as the liaison to outside regulating agencies and subcontractors. The Safety Director shall also act as the Hazard Communication Coordinator.
3. **Project Managers** have direct responsibility for the implementation, assessment, compliance, and review of Safety and Loss Prevention policies and procedures associated with their assigned projects. Project Managers are responsible for the execution of the Safety Program, and must strive to improve the conditions and awareness of all job site employees and subcontractors. Project Managers shall act as a liaison for project personnel, executive management, and subcontractors, and may represent the Company in safety related matters.
4. **Project Lead Employee** is responsible for ongoing supervision of the site activities and work directly with employees and subcontractors, documented on the Project Lead Employee's Daily Project Log (Appendix B) to ensure job site coordination and safety. Project Lead Employee are required to determine and abate safety hazards, perform daily Job Hazard Analysis investigations (Appendix D) which includes documented Huddle Ups with the crew members, and keep the Safety Director informed of any safety violations. The Project Lead Employee's tasks include the establishment of good housekeeping and work habits, periodically performing and reporting job site inspections (Appendix A), the provision of protective gear and proper tools, assigning only qualified personnel for hazardous tasks, carrying out weekly Tool Box Safety Meetings (Appendix C), insisting on immediate first aid treatment, completing all injury and accident reports (Appendix E), and keeping an Emergency Phone Numbers record updated and available.
5. **Employees** have the responsibility to understand and comply with the Safety Program. They are expected to report any unsafe conditions, cooperate with accident investigators, recommend safety improvements, properly use personal protective equipment, promptly report all accidents, fires, injuries, near misses or safety violations, and report to work free from the influences of alcohol and drugs.
6. **Subcontractors** and visitors must comply with Monroe Plumbing and Heating Company's Safety Program, in addition to trade standards and project regulations.

## **ON-SITE SAFETY INSPECTIONS**

The purpose of on-site safety inspections is to continually review job methods in an effort to identify potential hazards, and then take the necessary steps to eliminate or minimize these hazards.

1. **Project Lead Employee** are to conduct daily informal inspections of conditions, job methods, and equipment (Appendix D). Once a week this inspection shall be documented, and reported to the Project Manager (Appendix A). Prompt action is to be taken to correct any unsafe conditions, job methods, equipment, or tools which could contribute to an accident. Warning labels, tags, or notices shall be posted if corrective action to a hazard is not immediately possible. In the event of a defective tool or equipment, it should also be immediately tagged and removed from service or use, for repairs or replacement.
2. **Project Managers** are to review the documented records of the weekly on-site inspection reports. Project Managers are to ensure that the appropriate actions are taken to correct any deficiencies noted on the on-site inspection reports. Project Managers are to act as the liaison between the Project Lead Employee and subcontractors, other project contractors, and the project owner.
3. **Safety Director** will also review the documented records of the on-site inspection reports monthly. On projects with a duration of over 90 days, the Safety Director shall also participate once a month in the formal on-site inspection, along with the Project Lead Employee. The Safety Director shall assist the Project Lead Employee with hazards, which have no immediate corrective action. The Safety Director will formally notify project subcontractors, other project contractors, or the project owner, of any safety deficiencies which have not immediately been corrected on their part.

Monroe Plumbing and Heating Company believes that the majority of safety deficiencies can be corrected or resolved immediately. Under normal circumstances, verbal notification is adequate to resolve most hazards. However, in the event that corrective actions are not taken, or safety violations continue to occur, a written notice may be issued to the individual, individuals, subcontractors, other project contractors, or the project owner. This written notice will detail the hazard or safety deficiency, refer to the applicable safety standards, and a date for a response and corrective action. In the event of serious hazards, Monroe Plumbing and Heating Company may interrupt their work until the corrective action has been completed.

## **SAFETY TRAINING ORIENTATION**

Employees entering a project site will be expected to understand the hazards and risks of construction operations. The safety training orientation will instruct the employee on how to manage these risks, instruct the employee on the most efficient and safest way to perform their tasks, and introduce the employee on new techniques or changing conditions. All safety training shall be documented.

All employees, after attending the job site specific orientation, are expected to know the following:

- a. client jobsite rules and regulations
- b. overview of the project
- c. procedures to follow when reporting unsafe acts or conditions
- d. procedures to follow for an accident, including emergency phone numbers
- e. location of First Aid Station and the AED (Automated External Defibrillator)
- f. location of the SDS Binder and specific jobsite hazards (hazardous chemicals, etc.)
- g. emergency evacuation or inclement weather muster points

## **TOOL BOX TALKS (Appendix C)**

It is the responsibility of the Project Lead Employee to conduct a weekly Tool Box Talks meeting, in which a specific safety topic would be discussed with the job site employees. It is the responsibility of the Safety Director to ensure that these meetings are being conducted, and that a signed attendance sheet with a brief description of the topic is on file.

## **JOB HAZARD ANALYSIS/ HUDDLE UPS (Appendix D)**

It is the responsibility of the Project Lead Employee to conduct a daily Job Hazard Analysis of the jobsite to plan ahead for the tasks for that specific day. Then the Project Lead Employee and the employees who will be involved in performing the work, will meet and review the findings of the Job Hazard Analysis and discuss any safety issues or job procedures. The Huddle Up section of Appendix D will then be signed by the employees and kept on file. The purpose of these documented meetings is to continually enhance the daily awareness of employees concerning safe practices, ever changing jobsite conditions and hazards, and establish open communication where concerns and suggestions can be discussed.

Site Roles and Responsibilities are as follows:

	Tool Box Talks	Pre-Job Safety Inspections	Employee's Daily Project Log	Job Hazard Analysis	Huddle Ups
Lead Employee/Employee	Weekly	Daily, also documented weekly	Daily	Daily	Daily
Project Manager		Periodic review			
Safety Coordinator	Monthly Review	Monthly Review	Monthly Review	Monthly Review	Monthly Review

### **FIRST AID & MEDICAL RESPONSE**

Monroe Plumbing and Heating Company will provide to its employees adequate first aid equipment, training, supplies, and facilities. Likewise, it is the responsibility of each subcontractor to provide adequate first aid equipment, training, supplies, and facilities. Training must be conducted by a certified First Aid/ CPR Instructor by the American Red Cross.

Adequate first aid supplies shall be readily available. Properly stocked first aid kits with approved materials must be kept at each work site location and in company vehicles inspected quarterly by the site supervisor. All first aid kits shall be immediately available to all employees and shall not be kept under lock and key.

Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use.

At a minimum, eye saline solution and/or portable eyewash stations shall be available. In the absence of an emergency clinic or hospital in near proximity to the work site, a person or persons shall be adequately trained to render first aid.

All injuries, regardless of the severity, should be documented by the Project Lead Employee (Appendix E), and investigated by the Safety Coordinator (Appendix F).

Once first aid has been administered, if additional medical care is required, or appears necessary, it should be obtained immediately through a medical physician.

### **EMERGENCY MEDICAL RESPONSE**

In the event of a medical emergency, beyond first aid treatment, employees should contact emergency agencies immediately. Under no circumstances should an injured employee provide their own transportation for off-site medical treatment. In most cases, an injured employee should be taken by emergency services to medical facilities.

Each project site should have phone numbers for ambulance, fire and police departments, conspicuously posted. In addition, the job site address should be listed for ready reference. It is the responsibility of every employee to know where these emergency phone numbers are posted.

### **ACCIDENT INVESTIGATION & REPORTING**

All accidents, regardless of the seriousness of the injury, shall be reported promptly to the proper authorities (Appendix E). Injured employees requiring medical attention beyond first aid should never be transported to any medical facility by another employee, EMS services should always be used. The Project Lead Employee must also notify the main office if an employee refuses treatment above first aid when needed.

All employees are required to report all injuries to the Project Lead Employee, or directly to the main office (734-241-4277). The employee must be referred to Monroe Plumbing and Heating Company's authorized health care provider at the time of the incident (emergency EMS, hospital, doctor, clinic) for initial treatment. Under no circumstances should the employee be allowed to receive treatment from his/her personal physician, unless released to do so by the main office (734-241-4277).

Immediately following an incident requiring removal of a Monroe Plumbing and Heating Company employee by EMS, the Project Lead Employee shall;

- a. ensure that the individual(s) receive the proper medical attention
- b. cooperate with the emergency agencies responding to the incident, such as police, fire department, and emergency medical technicians, including their subsequent investigations
- c. secure the affected area
- d. contact the Project Manager and the Safety Director
- e. notify the owner or the owner's project site representative (general contractor, construction manager, etc.)

Once the emergency agency has released the scene, the Project Lead Employee shall commence with the accident or incident analysis. This analysis shall begin by completing the employee accident investigation report. This report shall:

- a. be completed in its entirety as soon as reasonably possible
- b. contain factual information only

Once the report is completed it should be submitted promptly to the Project Manager and Safety Director. The Project Lead Employee shall continue to keep the affected area secure until all investigations have been completed.

The Project Manager and Safety Director shall verify that the accident report has been completed in its entirety and then kept on file. Depending on the severity of the incident, the Project Manager and Safety Director will determine if further investigation is warranted beyond the initial accident report. Incidents involving property damage shall utilize the same procedures as above (Appendix N).



## **DISCIPLINARY PROCEDURES FOR SAFETY VIOLATIONS**

This disciplinary procedure for safety violations has been incorporated to establish consistency when disciplinary action is required. Your health and welfare are most important. It is the responsibility of management, foremen, employees and subcontractors, to actively enforce this safety program. Violations of these safety rules are considered unsatisfactory job performance, and will be treated accordingly.

The following offenses shall result in disciplinary action up to and including possible termination at management's sole discretion:

1. Disregard of Monroe Plumbing and Heating Company safety rules
2. Disregard of project site's owner representative safety rules
3. Reporting for work, at any time, under the influence of drugs or alcohol, or refusing to submit to a urine drug screen or an alcohol screen test
4. Operating company owned vehicles or equipment at any time, under the influence of drugs or alcohol
5. Drug dealing or the possession of drugs during work hours
6. Possession of firearms during work hours

Any employee who violates the policies and procedures as outlined in this safety manual, the safety rules and procedures established by MIOSHA, the safety rules and procedures established by the project's job site, or the safety rules and procedures as outlined in the labor agreement, will be subject to the following disciplinary actions:

**FIRST OFFENSE** – Verbal warning and instruction on proper procedure that must be followed to avoid another violation.

**SECOND OFFENSE** – Written reprimand informing the employee of the violation, as well as to notify said employee that a future violation may result in discharge from the project or termination completely. Also, the employee shall receive instruction on proper procedure that must be followed to avoid another violation.

**THIRD OFFENSE** – Disciplinary action which will include suspension for a period of time, or termination completely.

## **HAZARDOUS MATERIAL HANDLING CONTROL PROGRAM**

The purpose of this Globally Harmonized System (GHS) Hazard Communication Program is to make employees aware of the procedure for identifying, labeling, and obtaining information about hazardous substances encountered in the workplace.

Many materials used during construction may become hazardous under certain conditions. It is imperative to protect the user, other individuals in the area, and the environment that accident prevention be designed to control identification, storage, handling, and use of hazardous materials.

Whenever possible, hazardous materials will be replaced or substituted by less, or non-hazardous, materials. When this is not possible, this Hazardous Material Handling Control Program is to be implemented to ensure safe storage and use of hazardous materials. This program includes, but is not limited to, the following aspects:

- a. identification and classification of hazardous materials
- b. safety and health precautions
- c. training in safe storage, handling and use, and
- d. transporting, labeling, packaging, documenting and disposal requirements

The Michigan GHS is designed to provide information to employees who may be exposed in the course of their employment to these hazardous materials.

The major components of GHS are:

- a. Identifying hazardous chemicals
- b. Labeling hazardous chemicals
- c. Maintaining Safety Data Sheets (SDS) provided by the supplier of the chemical
- d. Training of employees in the rights and obligations under GHS

The Safety Data Sheets for a specific job site will be kept with the Lead Employees Safety Binder on the actual site, to be referenced by anyone on site at any time.

The Main Safety Data Sheets Binder for all of the possible hazardous chemicals or materials that Monroe Plumbing & Heating's employees may encounter is located at the main office building, at 506 Cooper St., Monroe, Mich.

## **PERSONAL PROTECTIVE EQUIPMENT**

Monroe Plumbing & Heating will provide all Personal Protective Equipment (PPE) that is required for the employees to perform their tasks safely. The Project Lead Employee is responsible for ensuring that all employees are in compliance with the following:

### **1. Clothing and Jewelry**

Suitable outer garments is defined as clothing designed to protect from expected hazards. This clothing should be well fitting. Tank-tops, cut off shirts and shorts are not permitted. Short sleeve clothing may be worn where no hazards to exposure exist. Safety shoes or equivalent construction boots are to be used to protect from hazards caused by debris, falling objects, uneven surfaces, and equipment operation. Bracelets, necklaces, rings and earrings should be avoided, and are not to be worn during operations where they present hazards to the wearer.

### **2. Personal Protective Equipment**

Personal Protective Equipment (PPE) is to provide protection to various body parts, such as head, eyes, face, hands, etc., beyond the expectations of normal outer wear suggested above. The use of personal protective equipment, such as hardhats, coveralls, safety glasses, ear protection, dust masks, respirators, gloves, safety belts, harnesses and lanyards, fire retardant garments, etc., will be provided and required as conditions demand and when the employee is assigned duties, at no additional cost. Training in the proper use and care of, and proper inspection of said Personal Protective Equipment (PPE) will also be provided, at no additional cost, to the employee. Replacement of Personal Protective Equipment (PPE), under normal wear and tear, will also be provided, at no additional cost, to the employee by the company.

### **3. Respirators**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is mandatory when anticipated exposure will exceed applicable State and Federal standards. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Respirator use is required to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. Only those employees who have been health screened, fit tested, and trained in the proper use of can wear a respirator.

## **HOUSEKEEPING**

Monroe Plumbing and Heating Company, and each subcontractor, is responsible for keeping their areas clear of rubble, scrap and other debris on a daily basis. Walkways, aisles, and any walking surface will be kept clear of debris at all times.

Housekeeping issues shall include, but not be limited to:

- a. a sufficient number of trash receptacles shall be made available, and emptied with regularity
- b. all combustible refuse will be removed on a daily basis, and will not be allowed to accumulate
- c. floors to be broom cleaned regularly
- d. trash containers are not to be located near combustible or flammable materials
- e. spilled oil will be cleaned up immediately
- f. oily rags, or other combustible debris, should not be discarded in regular trash containers
- g. fire extinguishers and other fire protection equipment are not to be obstructed
- h. electrical panels or switches will not be blocked
- i. extension cords, welding lead, hoses, etc., shall be kept in a manner as to not create tripping hazards, possibly coiling or routing overhead when possible
- j. tools, or other loose objects, are not to be left on floors, decks, platforms, stairs, etc., or on moving parts of machines
- k. break areas shall also comply to the above housekeeping requirements
- l. temporary facilities shall be removed from the site when their need is no longer warranted

## **Demolition**

Prior to the demolition of any existing piping systems, equipment, supports, or any other component of the area that the new or renovated work will occur, a safety and jobsite survey should be performed. The following items should be addressed:

- a. what is the plan of the demolition, sequence of with all the contractors involved.
- b. the possible health hazards that could occur due to the disturbing of existing construction materials. Dust, noise, fumes from the demolition activities should all be addressed.
- c. what are the materials being demoed, and what risk factors are involved with those materials, such as asbestos, lead coatings, concrete (silica), galvanized piping or supports, flammability of such materials, and possible electrical hazards.
- d. what demolition technique is to be utilized, torch burning or cutting, saw cutting, grinding, jack hammering, the use of abrasive cutting wheels, and what precautions are to be taken to protect employees from injury or property damage.
- e. the scheduling of any abating of health hazards (asbestos, lead, etc.) prior to any work being performed, and only performed by qualified and certified personal.
- f. what tools and equipment will be utilized, the condition of the tools and equipment to be used, and the proper use of the tools and equipment by trained and qualified employees
- g. the proper PPE to be used, the inspection of the PPE, and the proper use of the PPE by trained and certified employees.

### **CONTROL OF HAZARDOUS ENERGY (Appendix H)**

29 CFR 1910.147 & 29 CFR 1926.417 The purpose of this procedure is to assure that employees are protected from unintended machine motion or release of energy, which could cause injury. With establishing a procedure for lock-out and tagging of electrical circuits, equipment, and mechanical systems, the goal is to ensure that all energy sources are recognized, neutralized and isolated before starting work. Documentation of which electrical circuit, equipment, or mechanical system was isolated shall be kept on site during the project to verify who specifically isolated the specific item, and the date of when it was isolated.

### **PRESSURE TESTING OF PIPING SYSTEMS (Appendix I)**

All pressure testing of piping systems and related mechanical equipment, including all work on existing piping systems and equipment, will conform to the following procedures:

- a. All piping systems, which require pressure testing will be tested at the minimum pressures and duration required by the Specifications or applicable Construction Code.
- b. Grooved caps or plugs used to cap lines for testing must be drilled and tapped, and fitted with a shut-off valve. These valves must be open before attempting to remove the grooved cap or plug.
- c. When opening a valve or removing a grooved cap, grooved plug, blind flange, screwed cap, or screwed plug from the end of a tested system, relieve any residual pressure slowly and do not stand directly in front of it.
- d. Secure pneumatic test balls to the piping to which it is testing
- e. Pressure tests, and associated apparatus', shall be removed as soon as practical by a qualified mechanic after the piping system or mechanical equipment passes the test's pressure and duration requirements. If there is more than one qualified mechanic at the site, a second qualified mechanic should confirm that the pressure test has been removed.
- f. A written Monroe Plumbing & Heating Company Inspection Test Report will be filled out to document the test and to **verify that the test and associated pressure has been removed**, before further work on the system or equipment can commence.

### **LOCK OUT / TAG OUT PROCEDURE**

The power source of any equipment, machine or process to be set-up, adjusted, repaired, serviced, installed, or where maintenance work is to be performed, and unintended motion or release of energy could cause personal injury, such power source shall be locked out by each employee doing the work. Sources of energy, such as springs, air, suspended objects, hydraulic, electricity, and steam shall be evaluated in advance to determine whether to retain or relieve the pressure prior to starting the work.

Definitions, which apply to this procedure, are as follows:

- a. Lock Out means the source of energy or pressure cannot be turned on because a locking device has been placed on the switch, lever, valve, etc.
- b. Tag Out means, there is a warning tag attached to the source of energy or pressure, to communicate to others not to turn on the source of energy or pressure.
- c. Qualified mechanic is a journeyman plumber, journeyman pipefitter, or journeyman service technician, employed by Monroe Plumbing and Heating Company.

To ensure that ALL ENERGY SOURCES in a machine, equipment, or process are recognized and neutralized or isolated before starting work, the following energy control procedures will be adhered to for lock out and tag out per 29 CFR 1910.147 and 29 CFR 1926.417:

1. If work involves the customer's existing equipment or systems, we will comply with the customer's procedure, in addition to our own.
2. Only qualified mechanics who have been trained in the Lock Out/ Tag Out procedures will be allowed to engage in the Lock Out/ Tag Out process. Documentation of this training shall be kept on file at the specific site.
3. Pressure piping systems and related mechanical equipment should be shut-off and bled out or isolated. The valves shall be locked out and tagged out.
4. Equipment, machines, or processing main disconnect switches shall be turned off and locked in the off position only after the electrical power is shut off at the point of operator control.
5. After locking out the power source, the employee shall try the equipment, machine, or process controls by appropriate test to ensure no unintended motion will occur, and to determine that the energy isolation has been effective. A documented record (Appendix H) of the employees who installed the locks or tags, the specific equipment that was locked out or tagged, and the purpose of the isolation of the specific equipment or system will be kept on file at the jobsite for any further review.
6. Whenever possible, the Lock Out / Tag Out procedure should be confirmed by a second qualified mechanic.
7. Only the person who locked out and tagged out an energy source is allowed to sign off and remove the lock or tag.
8. Upon completion of the work, each individual is responsible for removing their lock and tag, and signing off of the Lock Out/ Tag Out document that was on file (Appendix H).
9. The employee responsible for removing the last lock, before doing so, shall assure that all guards have been replaced, the equipment, machine or process is cleared for operation, and notify the appropriate personnel that the system is energized.

Periodic inspection of the energy control procedure shall be conducted by the Project Manager and the Project Lead Foreman (at least annually) to verify that the procedure covers all of the energy sources for the specific equipment, and all of the requirements of the Lock Out/ Tag Out Standard.

Retraining of the qualified mechanics shall be provided if there is a change in their job equipment or processes that presents a new hazard, or a change in the energy control procedure.

### **PERMIT REQUIRED CONFINED SPACE ENTRY** (Appendix J)

Permit-Required Confined Spaces is the standard requiring specific practices and procedures that will protect general industry employees from the potential hazards of entering permit-required confined spaces. It is imperative that safety measures are taken, and risks are eliminated, prior to any work being performed in a confined space.

Requirements of the standard include: identification of confined spaces and informing employees of their existence, entry permits, a written permit space program, and training for individuals with active roles in confined space work.

This includes the following employees:

- authorized entrants
- attendants
- entry supervisors
- rescue and emergency services personnel

The following safety procedures are required prior to entering all confined spaces:

1. Employees entering confined spaces are to be instructed as to the hazards involved, necessary precautions, and in the use of personal protective and emergency equipment.
2. Before an employee enters a confined space, the atmosphere shall be tested and the results recorded. These records shall be maintained at the project site until project completion. The atmosphere will continually be monitored during the occupancy of the confined space by any employee.
3. The Confined Space Entry Permit is valid for the specified work day only, and a maximum of one shift per day.
4. The Confined Space Entry Permit processed by Monroe Plumbing and Heating Company is valid only for employees of Monroe Plumbing and Heating Company.
5. Entry is prohibited if air sampling of the interior atmosphere of the confined space cannot achieve and maintain acceptable levels, or if there is a possibility of engulfment.
6. Any employee entering a vertical confined space, 5' or greater in depth, shall be required to wear a full body harness, with a retrieval safety line appropriately attached, attended at all times by a qualified Confined Space Attende at the surface or outside the confined space.
7. The Confined Space Attende must be stationed at the opening at all times during entry operations. This person must be able to communicate with the entrants as necessary to monitor entrant's status, and to alert the entrants for the need to evacuate should the situation arise. The Confined Space Attende must be provided with the means to summon help (i.e. radio, phone). Under no circumstances will the Confined Space Attende enter the confined space.

## **FALL PROTECTION**

There are situations at various project sites, which will require fall protection. A “fall hazard” is presumed where the potential exists for falls, from heights of six feet or more, or where the fall may be of a lower distance and the worker would be exposed to dangerous materials, moving equipment, or fall into any dangerous location, which could result into injury or death.

Providing fall protection requires an assessment of each fall situation. Once fall hazards have been identified, a site specific Fall Protection Plan, including a Rescue Plan, must be established by the Project Manager and the Project Lead Employee, before any work can proceed. Each specific fall hazard can then be dealt with in three ways:

1. **Elimination** – After careful assessment of work and the site the work is to take place, the first and best consideration is to attempt to eliminate the hazard altogether by creating alternate approaches to the work. Any fall hazard that can be eliminated completely, through altering the procedure of work or course of travel, is the best approach.
2. **Prevention** – When fall hazards cannot be eliminated, changes need to be made to the work area to preclude the need of personal protective equipment. Such changes include guardrails, barriers, and travel restrictions to prevent employees from direct exposure to a fall hazard.
3. **Control** – If the fall hazard cannot be eliminated, or prevented through engineered controls, a Fall Arrest System must be employed to protect the employees from the hazard. All Fall Arrest Systems which include; safety nets, full body harnesses, lanyards, shock absorbers, fall arresters, lifelines, and anchoring equipment shall comply with the requirements stated in the OSHA Standard **1926.502**.

If any one of the conditions described is not met, or cannot be achieved, then work cannot proceed until the conditions are met. If the situation dictates the use of fall protection systems, the employer must furnish said systems to the employee. Only employees who have received the proper training, and are certified in Fall Protection and Aerial Lifts are allowed to perform the work or operate any lift equipment. Certification must be documented, and a copy of all certification permits must be kept on file at the jobsite. Retraining at a minimum will occur every three years, unless there are any major changes to the jobsite or the aerial lift equipment.

Fall prevention, or protection measures, will be used by Monroe Plumbing and Heating Company employees, whenever they are exposed to a potential fall. If in any instance, Monroe Plumbing and Heating Company is employed by an owner or user who also has a “Fall Protection Program”, the more stringent of the two programs will be adhered to.



## **EQUIPMENT OPERATION AND MAINTENANCE**

Monroe Plumbing and Heating Company recognizes that the operation, care and maintenance of tools and equipment, utilized daily in its construction operation plays an extremely important part of the overall safety program. It is a shared responsibility between management and employees for ensuring that tools and equipment are maintained in safe working order, and are used for their intended purpose.

**Hoists and Slings** – All hoists and slings being utilized on a project should be inspected daily. Any hoisting equipment with damage, or malfunctioning during use, should be immediately taken out of service and tagged for repair. Any sling showing damage or “fraying” should also be taken out of service and replaced. All hooks are to have an operating safety latch.

**Scaffolding** – Scaffolding must be erected and maintained in accordance with MIOSHA standards and regulations. Proper access, completely planked and secured work surfaces, guardrails, and toe boards are required. Scaffolds should be erected on a solid foundation with base and leveling plates. Bricks, blocks or wood used for shimming is not acceptable. Working surfaces and walkways should be kept clear and clean. Scaffolds should be inspected daily, before each shift, to verify that the scaffold was not tampered with, modified, or damaged, and then tagged “ok” for use.

**Welding and Cutting Equipment** – Torch sets shall be equipped with flashback arrestors on both oxygen and fuel regulators. Welding cables and torch hoses should be inspected periodically for damage or cuts to the jacket. Cable connectors at the welding machine should have rubber booting to prevent arcing. Caps must be on all gas cylinders when being stored. Oxygen in storage must be separated from fuel gas cylinders a minimum of 20’, or by a noncombustible barrier at least 5’ in height, with a one-hour fire-rating. Cylinders should always be secured by chain, wire, or in a suitable rack. A fire extinguisher should be in the immediate area of any welding or cutting operation.

## **EXCAVATIONS**

Monroe Plumbing and Heating Company has determined that an excavation safety program is necessary when our employees are working in an excavation that has been created by another contractor. This program is intended to help Monroe Plumbing and Heating Company's Project Lead Employee keep our workers safe from excavation hazards. This program is also intended to provide our workers with critical information about safe work practices in a specified excavation.

**MISS DIG (811)** – It is the Project Lead Employee's responsibility to confirm that someone has contacted Miss Dig before any excavation begins.

**Excavation: Soil Types and Conditions** – If different textured soils are encountered in the side of an excavation, then each soil type shall be cut to the proper angle of repose. If the excavation is a trench, a trench shoring system shall be used, or the sides shall be properly sloped to prevent cave-in. An employee shall not work in an excavation where water has, or is, accumulating, unless special precautions have been taken. Such precautions may include water removal systems to control the level of accumulating water, safety harness and lifeline, or special support systems to prevent cave-ins. If water is controlled or prevented from accumulating by the use of water removal equipment, this equipment's operation shall be monitored to ensure that it is operating properly. A designated competent person shall make ongoing inspections of the excavations. After every rainstorm, or other hazard-producing occurrence, an inspection shall be made, by the designated competent person, for evidence of a cave-in. Where evidence of this condition exists, the excavation shall be re-trimmed, re-sloped, or employ additional shoring and bracing. Sloping and bracing requirements shall be as prescribed in MIOSHA Construction Safety Standards Part 9 Excavations.

**Excavation: Trench Boxes and Shields** – Portable trench boxes or sliding trench shields may be used for the protection of personnel in place of a shoring system or sloping. Where such trench boxes or shields are used, they shall be designed, constructed, and maintained in a manner that provides protection equal to or greater than the shoring and bracing required for the trench. Employees shall not be allowed in shields or trench boxes when they are being installed, removed, or moved to new locations.

**Excavation: Obstructions, Egress, and Protection** – All excavations that an employee is required to enter shall have excavated and other material stored and retained not less than 2' from the excavation edge. When other mobile equipment is permitted adjacent to an excavation where the operator's vision is restricted, barricades or a signal person shall be used. Any excavation 48" or more in depth and occupied by an employee shall be provided with either a ladder extending not less than 3' above the top of the excavation, or other means of access and egress, and shall be located within 25' of the employees and other workers.

## **FIRE PREVENTION**

Monroe Plumbing and Heating Company employees, and their subcontractors, shall take all necessary precautions to prevent and guard against all possible fire hazards.

In the event of any uncontrollable fire, call 911, and then notify the Project Lead Employee, who in turn will notify the owner, or owner's representative, and the management at Monroe Plumbing and Heating Company.

As part of the project's weekly inspection, the Project Lead Employee will make certain that the employees adhere to the following requirements:

Class ABC Fire Extinguishers shall be provided and made available to all the employees, and will be stationed in the toolbox area and near any location that "HOT WORK" is being performed. Fire Extinguishers shall not be stored in locked toolboxes, and shall not be obstructed with materials or debris, so that they are readily available.

No welding, flame cutting, or other operations involving the use of flame, arcs, or sparking devices will be allowed without adequate protection and shielding. All combustible or flammable materials need to be removed from the immediate working area. If removal is impossible, these materials shall be protected with a fire blanket or suitable noncombustible shields to prevent sparks, flames, or hot metals from reaching the flammable or combustible materials.

Not more than a one-day supply of flammable liquids, such as gasoline, oil, solvents, etc., shall be brought to the work site, and stored, at any one time. Flammable liquids shall be stored in approved UL labeled safety cans that have flame arrestors, spring loaded spouts and vents.

All oil soaked rags, papers, and other combustible materials shall be removed from the building at the end of each day's work, or more often if necessary, and shall be placed in metal containers with self-closing lids.

Temporary heaters should be inspected daily. Only UL (Underwriters Lab) or FM (Factory Mutual) listed equipment should be used. Immediate areas should be cleared of all combustible materials. Adequate ventilation must be provided. Spare propane cylinders should be stored outside in an appropriate storage bin, with a fire extinguisher readily available nearby.

## **Motor Vehicles**

Employees shall not be permitted to operate Monroe Plumbing and Heating Company vehicles unless they have a valid driver's license in their possession, and are authorized by Monroe Plumbing and Heating Company. State Motor Vehicle Records (MVR's) will be obtained upon hiring and evaluated annually as part of the process of authorizing employees to operate company vehicles.

Drivers, because of their licensing, are expected to know and obey all State, Local and jobsite motor vehicle laws, rules and regulations that apply to the operation of company vehicles.

**Seat belts must be worn whenever you are in company vehicles – it's the law.**

**Cell phone use while driving is prohibited...pull over and stop to call or text.**

**It is prohibited for any employee to operate a Monroe Plumbing and Heating vehicle while under the influence of Drugs OR Alcohol.**

If vehicle repairs are needed, notify your supervisor immediately. Do not operate a vehicle where required repairs affect the safety of the vehicle. Authorization of driving a Monroe Plumbing and Heating Company vehicle only applies to work related use, unless a unique request has been authorized by supervision. Employees shall not permit unauthorized persons to drive, ride in or operate a company vehicle. Any violations of these rules are subject to disciplinary actions, up to and including termination of employment.

If any employee is involved in a motor vehicle accident, notify the proper authorities, then notify the Project Manager. The Vehicle Accident Report Form (Appendix K) must be filled out by supervision, along with the employee, as soon as possible after the accident has occurred. Completed forms shall be kept on file and used for insurance reporting purposes.

## **Cell Phones / Electronic Devices in the Workplace**

Monroe Plumbing & Heating, Co. issues and pays for individual cellular phones to company site managers and employees who are required to be in close contact with the company at all times.

Cellular Phone / Electronic Device usage applies to any device that makes or receives phone calls, leaves messages, sends text messages, allows Internet access, or downloads and allows for the reading of and responding to email whether the device is company-supplied or personally owned.

While cell phones are a necessary convenience of the business world, we require that our employees follow the guidelines listed below for their own and others safety;

- Company phones are issued for business use only.
- Employees shall not use personal cell phones while on duty at any Monroe Plumbing & Heating, Co. worksite.
- If an employee brings a personal electronic device on site, they shall be kept in vehicles at all times and shall only be used when they are off duty or on breaks. All employees are asked to make personal calls during breaks and meal periods.
- The Company will not be liable for the loss of personal devices brought into the workplace.
- The Company has a zero tolerance policy regarding using a cell phone while driving.
- It is required that you pull over and stop at a safe location to dial, receive or converse on the phone in any way.
- **Texting while driving is not only forbidden, but also illegal.** Anyone caught doing so will be subjected to disciplinary action up to and including possible termination of employment.
- Employees shall abide by all Federal, State and Local laws regarding the use of electronic devices.

Additional questions or concerns regarding the use of Cell phones / Electronic Devices in the workplace should be directed to your supervisor.

## **Hand Tools**

Hand tools are non-powered tools. They include wrenches, hammers, chisels, screwdrivers, and other hand-operated mechanisms. Although hand tool injuries tend to be less severe than power tool injuries, hand tool injuries are more common. Because people take everyday hand tools for granted, they forget to follow simple precautions for safety.

The following causes the most common hand tool accidents:

- Failure to wear the proper PPE when working with any tool
- Failure to use the proper tool, and use it correctly
- Failure to replace or repair a defective tool
- Failure to store tools safely in the tool box

Follow these guidelines for general hand tool safety:

- Wear safety glasses and proper gloves whenever you are working with any tools
- Inspect all tools prior to using them, look for any damage or missing parts to the tool
- If a tool is found to be damaged or has missing parts, immediately take the tool out of service. Tag the tool "DO NOT USE" and return it for repair or replacement

## **Electricity in the workplace**

Electrical tools and equipment are used every day on the job site, and when used properly are very effective. But when electrical tools and equipment are misused, the results could be deadly.

The hazards of electricity are:

- electric shock
- burns or other injuries
- arcing or sparking
- explosions
- fires

To prevent these hazards from happening, the proper use of electrical tools and equipment is crucial. All electrical equipment should be inspected prior to use every day for possible damage from various construction activities. Welding leads, welding stingers, welding ground clamps, extension cords, electric tool cords, ground-fault circuit interrupters (GFCI), and temporary lighting for construction should be inspected daily for damage or misuse.

When inspecting electrical equipment, look for:

- cords or cables that are cut, exposing the inner wires
- cords or cables that the outer jacket was pinched or crushed that could lead to internal wire damage
- cords with missing or deformed prongs or damaged plug ends
- all welding cables, stingers, and grounds should be completely insulated
- all extension cords should be 3-pronged and heavy duty

## **AVOID WET CONDITIONS WHEN USING ELECTRICAL EQUIPMENT**

## **Power Tools**

Power tools can be extremely dangerous if they are used improperly. Each year, thousands of people are injured and even killed by power tool accidents. Common accidents associated with power tools include abrasions, cuts, lacerations, amputations, burns, electrocution, and broken bones. The following often causes these accidents:

- \* Touching the cutting, drilling, or grinding components
- \* Getting caught in moving parts
- \* Suffering electrical shock due to improper grounding, equipment defects, or operator misuse
- \* Being struck by particles that normally eject during operation
- \* Touching hot tools or work pieces
- \* Falling in the work area due to poor housekeeping
- \* Being struck by falling tools

When working around power tools, you must wear personal protective equipment and avoid wearing loose clothing or jewelry that could catch in moving machinery. In addition to general shop guidelines, follow these guidelines for working with power tools:

- \* Use the correct tool for the job. Do not use a tool or attachment for something it was not designed to do.
- \* Follow the manufacturer's recommendations for the proper operation of any tool
- \* Select the correct bit, blade, cutter, or grinder wheel for the material at hand.
- \* Keep all guards in place. Cover exposed belts, pulleys, gears, and shafts that could cause injury.
- \* Always operate tools at the correct speed for the job at hand.
- \* Watch your work when operating power tools, do not get distracted
- \* Do not rely on strength to perform an operation. The correct tool, blade, and method should not require excessive strength.
- \* Disconnect power tools from the power source before performing maintenance or changing components

## **Ladders**

Ladders can make many tasks easier, but they are also a continual safety hazard. Even the best ladder is not safe unless you are trained and proficient in using ladders. Each year, many people suffer serious injuries from accidents involving ladders. Before you use a ladder, take a moment to inspect the ladder for damage or imperfections. Read the load rating label on the ladder to verify that it will support not only the employee, but any additional equipment they may be carrying. Do not overload a ladder for any reason.

A secure, well made, ladder is necessary for safe ladder use. Ladders come in different styles, including step, straight, and extension. They also vary in construction and may consist of wood, aluminum, or fiberglass. Choose the correct type and size ladder for the job, and only use a ladder for the purpose for which it was designed for. **Portable ladders should be of fiberglass construction.** All ladders sold within the U.S. are rated as follows:

- \* Type IA:  
Heavy-duty industrial ladder rated to hold up to 300 pounds.
- \* Type II:  
Medium-duty commercial ladder rated to hold up to 225 pounds.
- \* Type III:  
Light-duty household ladder rated to hold up to 200 pounds.

Follow these guidelines for safe ladder usage:

- \* Always inspect a ladder before you climb it. Make sure the steps are sturdy and the locking mechanisms are in good working order.
- \* Carry ladders horizontally with the front end slightly higher than the back end.
- \* To open a stepladder, make sure the spreader is locked and the pail shelf is in position. To open an extension ladder, brace the bottom end and push the rungs or rails out.
- \* Place ladders on a solid, level surface to ensure safety:
  - \* Watch for overhead obstructions and power lines.
  - \* Position a straight or extension ladder so that the base of the ladder is one foot away from the vertical support for every four feet of working ladder height (e.g., if you are working with eight feet of ladder, place the base of the ladder two feet from the wall.)
  - \* Do not place the top of a ladder against a window or an uneven surface.
  - \* When possible, tie the top of a straight or extension ladder to supports. Stake and tie the feet of the ladder.
  - \* An extension ladder used for access to a roof must extend at least 3 feet beyond the support point.
  - \* Use a wooden or fiberglass ladder if you must work near electrical sources.
  - \* Do not place a ladder in front of a door unless you lock and barricade the door and post a warning sign on the opposite side of the door.



### **Asbestos / Lead / Silica**

Asbestos, synthetic mineral fibers, materials containing lead, PVC, crystalline silica (concrete), and urethane foam, can be extreme respiratory hazards. To protect yourself and others from these and other respiratory hazards, minimize your exposure to particulate matter from insulation, fumes, dusts, and aerosols. Only certified personnel may be involved with the proper removal or abatement of asbestos.

The cutting, chiseling, coring of concrete materials which contain crystalline silica can only be done with a HEPA-filtered vacuum system collecting the dust and fragments, or with a direct water and HEPA-filtered vacuum system to pick up the water and concrete sludge to eliminate any respirable crystalline silica from getting airborne.

The abrasive blasting, cutting, grinding, welding, torch burning of any coatings containing lead or lead paint are prohibited, without the proper abating of the coating or paint first. Only certified personnel may be involved with the proper removal or abatement of coatings containing lead or lead paint.

If at any time you have any doubt about your working environment, STOP what you are doing and contact your site foreman.

### **Forklifts / Powered Industrial Trucks & Aerial Lifts**

Only trained, certified, and authorized employees of Monroe Plumbing and Heating Company shall be permitted to operate forklifts / powered industrial trucks and aerial lifts. Forklifts / powered industrial trucks and aerial lifts shall be examined before being placed in service, and shall not be placed in service if the examination shows any condition adversely affecting the safety of the vehicle. Such examination shall be made prior to each shift.

Forklifts/industrial trucks shall be inspected prior to each shift (Appendix L). Defects when found shall be immediately reported to the supervisor and corrected.

Employees must be trained, and must have in their possession onsite a Fork/ Industrial Truck Permit distributed by Monroe Plumbing and Heating to operate this equipment. Documentation of this training must also be available at the job site.

Aerial Lifts can only be operated by Monroe Plumbing and Heating employees with training certification, and a specific Aerial Lift Permit distributed by the Monroe Plumbing and Heating Company. Documentation of this Aerial Lift Training must be available at the job site.

Employees shall inspect, prior to each shift, all aerial lifts before use (Appendix M). Employees operating an aerial boom lift will be required to wear a full body harness and a positioning lanyard attached to the manufacturers designated attachment point within the aerial lift.

## **Drug & Alcohol Policy**

### **Policy:**

It is the policy of the Monroe Plumbing & Heating, Co. to maintain a workplace that is free from the effects of drug and alcohol abuse. Due to the safety sensitive nature of the work we perform, our stance on the use of drugs & alcohol in the workplace is Zero Tolerance. The misuse of drugs, alcohol, or any other substance having a physiological, psychological, or biological effect impairs employee health, employee performance, and creates unsafe working conditions.

### **Comment:**

(1) Employees are prohibited from the illegal use, sale, dispensing, distribution, possession, or manufacture of illegal drugs, controlled substances, narcotics, or alcoholic beverages on company premises or work sites. In addition, the Monroe Plumbing & Heating, Co. prohibits off-premises abuse of alcohol and controlled substances, as well as the possession, use or sale of illegal drugs, when these activities adversely affect job performance, job safety, or Monroe Plumbing & Heating, Co. reputation in the community.

(2) Monroe Plumbing & Heating, Co. will not hire, subject to State or Local law restrictions, alcoholics or drug abusers whose current use of those substances prevents them from performing their jobs or who would constitute a direct threat to the property or safety of others. Whenever applicants for employment are to be tested for the presence of illegal drugs or alcohol, they are to be informed in advance and in writing.

(3) Employees will be subject to disciplinary action, up to and including termination, for violations of this policy. Violations include, but are not limited to, possessing illegal or controlled substances and narcotics or alcoholic beverages at work; being under the influence of those substances while working; using them while working; or dispensing, distributing, or illegally manufacturing or selling them on company premises and work sites.

(4) Employees who are charged with / convicted of any criminal drug or alcohol violation must report the conviction to an Officer of the Company within three days, and the company will take appropriate action as required by law.

(5) Employees, their possessions, and Monroe Plumbing & Heating, Co. issued equipment and containers under their control are subject to search and surveillance at all times while on company premises or work sites or while conducting Company business.

(6) Employees will be randomly asked to take a test at any time to determine the presence of drugs or alcohol. Monroe Plumbing & Heating, Co. will utilize the services of MUST approved clinics and / or other hospitals and clinics approved by Monroe Plumbing & Heating, Co. to administratively control the selection process for random selection. Employees that agree to take the test must sign a consent form authorizing the test and the company's use of the test results for purposes of administering its discipline policy (Attachment A). It is a violation of this policy to refuse consent for these purposes or to test positive for alcohol or illegal drugs. Policy violations will result in discipline and may result in termination. Tests that are paid for by the Monroe Plumbing & Heating, Co. are the property of the company, and the examination records will be treated as confidential and held in separate medical files per the OSHA Employee Exposure & Medical Records regulations (29 CFR 1910.1020). Records of specific examinations will be made available to the employee, persons designated and authorized by the employee, public agencies, relevant insurance companies, or the employee's doctor by completing the consent form found in the company written Employee Exposure & Medical Records program or (Attachment B) of this policy.

(7) Supervisors should report immediately to an Officer of the Company any action by an employee who demonstrates an unusual pattern of behavior. An Officer of the Company will determine whether the employee should be examined by a physician or clinic and/or tested for drugs and alcohol. Employees believed to be under the influence of drugs or alcohol will be required to leave the premises. The employees' immediate supervisor should be notified to arrange safe transit.

(8) Employees must report their use of over-the-counter or prescribed medications to an Officer of the Company if the use might impair their ability to perform their job safely and effectively. A determination will then be made as to whether the employee should be able to perform the essential functions of the job safely and properly. (See Attachment C)

(9) Employees who are experiencing work-related or personal problems resulting from drug or alcohol abuse or dependency may request, or be required to seek counseling help. Participation in counseling, including company-sponsored or required counseling, is confidential and should not have any influence on performance appraisals. Job performance, not the fact that an employee seeks counseling, is to be the basis of all performance appraisals.

(10) Any employee who is abusing drugs or alcohol may be granted an un-paid leave of absence to undertake rehabilitation treatment. The employee will not be permitted to return to work until certification is presented to an Officer of the Company that the employee is capable of performing his job. Failure to cooperate with an agreed-upon treatment plan may result in discipline, up to and including termination. Participation in a treatment program does not insulate an employee from the imposition of discipline for violations of this or other company policies.

(11) Monroe Plumbing & Heating, Co. will, to the extent feasible, provide continuing awareness programs about the harmful effects of drug and alcohol abuse.

## **Employee Assistance**

It is the policy of Monroe Plumbing & Heating to assist employees who come forward to management with Drug or Alcohol abuse problems. Every employee has the opportunity when receiving Drug and Alcohol Policy training to announce such an issue or concern to their immediate supervisor or an officer of Monroe Plumbing & Heating, Co. Any employee who receives any level of a Drug or Alcohol testing or screening will not have the opportunity to announce such an abuse problem at the time of testing and testing results will determine the employee work status per the policy.

Should the employee elect to use the company program, an Officer of the Company will conduct an assessment or arrange for a diagnosis of the employee's problem. The coordinator or diagnostic agent then offers advice as to how the problem might be handled. Counseling or treatment at a community agency follows, with arrangements usually made by the policy coordinator to assure the best match between quality of care and financial coverage available through the workplace.

It is important to emphasize that the use of treatment or counseling is a decision made by the employee and not a mandate from the employer. The employee is responsible for payment for services that the company's health plan does not cover.

After using the available services and receiving counseling and treatment, the employee should ideally go through a period when his or her symptoms are in remission. However, relapse during the post-treatment period may be cause for immediate employment termination.

## **Officers of the Company**

President – Ed Theisen

Vice President – Tom Theisen

**ATTACHMENT A**

**CONSENT FOR DRUG/ALCOHOL TESTING**

If you are offered and accept employment with Monroe Plumbing & Heating, Co., in the interest of safety for all concerned, you will be required to take a urine test for drugs and/or alcohol use.

Additionally, per the Monroe Plumbing & Heating, Co. Drug and Alcohol Policy, current employees shall be randomly selected and asked to take a test at any time at no cost to the employee. Employees that agree to take the test must sign this consent form authorizing the test and the company's use of the results for purposes of administering its discipline policy. Refusal to give consent to any form of drug or alcohol testing will be treated the same as a positive test and dealt with per the disciplinary program.

I, \_\_\_\_\_, have been fully informed of the reason for this urine test for drugs and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to Monroe Plumbing & Heating, Co. and become part of my record.

If this test is positive, and for this reason I am not hired or allowed to continue employment with Monroe Plumbing & Heating, Co., I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to Monroe Plumbing & Heating, Co.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Witness:

\_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT B**  
**Release of Medical Records**  
**Authorization Letter**

I \_\_\_\_\_ *(full name of worker/patient)*

hereby authorize the Monroe Plumbing & Heating, Co. to release to \_\_\_\_\_

\_\_\_\_\_ *(individual or organization authorized to receive the medical information)*

the following medical information from my personal medical records.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my permission for this medical information to be used for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

but do not give permission for any other use or re-disclosure of this information.

**Additional Information:**

\_\_\_\_\_

**Full name of Employee or Legal Representative**

\_\_\_\_\_

**Signature of Employee or Legal Representative**

\_\_\_\_\_

**Date of Signature**

\_\_\_\_\_

Authorization expires in one (1) year unless otherwise specified below

## ATTACHMENT C

### Prescription and over the counter Medication Information

A lot of prescription and over the counter medications are known to have or present severe side effects. These side effects may hinder your ability to perform your job functions. It is every employee's duty to notify Monroe Plumbing & Heating, Co. management immediately, by the use of this form, when they are taking prescription and over the counter medications. Please list below all prescription and over the counter narcotics that you are currently taking.

**Employee Name:** \_\_\_\_\_

**Please list all Narcotics taken (prescribed or over the counter) routinely:**

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**Employee Signature**

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**Date** \_\_\_\_\_

**Submitted to Monroe Plumbing & Heating, Co. Representative**

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## JOB SAFETY INSPECTION CHECKLIST REPORT (Appendix A)

Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Job Site Location: \_\_\_\_\_

CONDITIONS AND PROTECTION SATISFACTORY? YES NO N/A SUGGESTIONS

### FIRE

- |  |                          |                          |                          |       |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Fire extinguishers checked, tagged, accessible  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Extinguishers proper for exposure               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Flammable materials properly labeled and stored | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Flammable waste, rubbish removed                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### ELECTRICAL

- |  |                          |                          |                          |       |
|--|--------------------------|--------------------------|--------------------------|-------|
| 5. Electrical equipment marked, grounded, guarded                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Portable tools grounded or doubled insulated                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Extension cords and plugs in good condition                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Ground fault circuit interrupter (GFCI) available                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Damaged equipment and tools tagged and removed from service for repairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### FIRST – AID

- |   |                          |                          |                          |       |
|---|--------------------------|--------------------------|--------------------------|-------|
| 10. First – Aid supplies and equipment available        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. Personal trained in CPR / First – Aid available     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 12. Job site address and emergency phone numbers posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### PERSONAL PROTECTION EQUIPMENT

- |   |                          |                          |                          |       |
|---|--------------------------|--------------------------|--------------------------|-------|
| 13. Safety glasses required and available     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 14. Proper work gloves required and available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 15. Hard hats required and available          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 16. Hearing protection required and available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 17. Dust masks are available                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 18. Proper Work boots are worn by employees   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 19. Fall protection required and available    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### EMPLOYEE INFORMATION

- |  |                          |                          |                          |       |
|--|--------------------------|--------------------------|--------------------------|-------|
| 20. Required MIOSHA posters available      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 21. Project's Safety Data Sheets available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 22. Hazard Communication Program           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

### REPORTING INFORMATION

- |   |                          |                          |                          |       |
|---|--------------------------|--------------------------|--------------------------|-------|
| 23. Accident / Incident investigation reports available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 24. Emergency number's posted                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



<u>CONDITIONS AND PROTECTION SATISFACTORY?</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>SUGGESTIONS</u>
<b>EQUIPMENT</b>				
25. Ladders are used properly and in good shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Scaffolding, access ladder, planking, top and mid-guard rails, toe boards are installed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Aerial lifts are inspected daily and used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Employees have aerial lift permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Operating instructions available and on unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>HOUSEKEEPING</b>				
30. Material properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Tools and equipment placed so tripping and falling hazards are eliminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. Walkways and stairs kept clear of debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Working area cleared of construction debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>TOOLS</b>				
34. Tools in good condition and used properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Tools needing repair are tagged and removed from use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>GENERAL</b>				
36. Proper warning signs available and used correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. Adequate ventilation supplies in working areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
38. Proper lighting throughout the job site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
39. Employee's training completed for specific work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
40. Toilet facilities available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
41. Drinking water available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\_\_\_\_\_  
Supervisor's signature

**Project Lead Employee's Daily Project Log (Appendix B)**

Project \_\_\_\_\_ Job# \_\_\_\_\_ Date \_\_\_\_\_

Field Crew	#Workers	Subcontractors	#Workers
Foreman (GF)	_____	Sheetmetal	_____
Foreman	_____	Insulators	_____
Journeyman	_____	Temp. Control	_____
Apprentices	_____	Fire Protection	_____
Metal Trades	_____	Test & Balance	_____
		Electricians	_____
		General Trades	_____
		Other	_____

**Daily Work Description**

**Provide a brief description of daily work performed**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Major Equipment, Material Received, Issues**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Visitors**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Superintendent's Signature**

\_\_\_\_\_

**(Appendix C)**

***Monroe Plumbing & Heating Co.  
Tool Box Talk Meeting  
Attendance Roster***

Discussion Leader \_\_\_\_\_ Job Name \_\_\_\_\_

Date \_\_\_\_\_ Topic \_\_\_\_\_

**Employee Signatures**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Monroe Plumbing & Heating Co.  
Tool Box Talk Meeting  
Attendance Roster***

Discussion Leader \_\_\_\_\_ Job Name \_\_\_\_\_

Date \_\_\_\_\_ Topic \_\_\_\_\_

**Employee Signatures**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**(Appendix D)**

**Job Hazard Analysis (JHA)**

**Date Prepared**

**General Information**

**Job Number:**

**JHA Number:**

Job/Activity Name:
Trade:
Contractor:
Competent Person:
Prepared By:
Other Information:

**Required Personal Protective Equipment for the entire job (check all that apply)**

<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Chemical Goggles	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Welding Gloves	<input type="checkbox"/> Respiratory Protection
<input type="checkbox"/> Gloves	<input type="checkbox"/> Harness Lanyard	<input type="checkbox"/> Leather Gloves	<input type="checkbox"/> Welding Goggles/Hood
<input type="checkbox"/> Other			

**Equipment Certification**

Crane Operator	<input type="checkbox"/> Yes
Scaffolding	<input type="checkbox"/> Yes
Forklift Operator	<input type="checkbox"/> Yes
Aerial Lift Operator	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes

**Procedures**

<u>Basic Steps</u>	<u>Potential Hazards</u>	<u>Controls</u>

**(Appendix D)**

**Job Hazard Analysis (JHA) / Huddle Up**

**Date:** \_\_\_\_\_

**General information**

**JHA Number:** \_\_\_\_\_

**Job Number:** \_\_\_\_\_

Contractor \_\_\_\_\_

Weather \_\_\_\_\_

**Hazardous Materials**

Has material storage area been identified? \_\_\_\_\_

Have SDS been reviewed and are they readily available?  Yes  No

Type of Material and Quantity

Material \_\_\_\_\_ Quantity \_\_\_\_\_

Material \_\_\_\_\_ Quantity \_\_\_\_\_

Material \_\_\_\_\_ Quantity \_\_\_\_\_

Are the evacuation routes clear, and do employees know the location of the muster areas?  Yes  No

**Inspection**

**Cords-** ground present; cord proper for tool and environment; insulation intact?  Yes  No

**Ladders-** max load capacity stickers; steps, feet, and framing in good condition?  Yes  No

**Tools-** Cords in good condition; proper for the job?  Yes  No

**Rigging-** no cuts or frays; safety latches, proper for the job?  Yes  No

**Fall Protection-** required > 6', engineered system, PPE inspected and functional?  Yes  No

Number of Employees working on task \_\_\_\_\_

**HUDDLE UP ATTENDEES**

Print	Signature

### Employee's Report of Injury Form (Appendix E)

**Instructions:** Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – no matter how minor. This helps Monroe Plumbing identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss. (continue on the back if necessary):	
What could have been done to prevent this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Supervisor:
Your signature:	Date:

### Safety Coordinators' Injury Investigation Form (Appendix F)

Name of Injured Person \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Circle one) Male Female

What part of the body was injured? Describe in detail. \_\_\_\_\_

What was the nature of the injury? Describe in detail. \_\_\_\_\_

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using?

Names of all witnesses:

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Exact location of event: \_\_\_\_\_

What caused the event? \_\_\_\_\_

Were safety regulations in place and used? If not, what was wrong? \_\_\_\_\_

Employee went to doctor/hospital? Doctor's Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Recommended preventive action to take in the future to prevent reoccurrence.

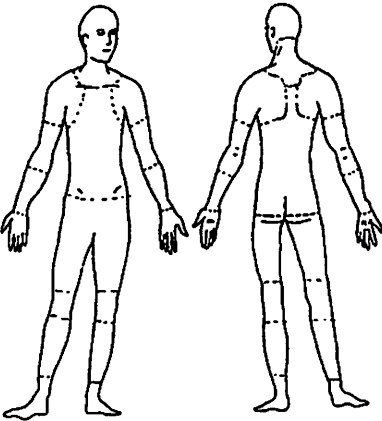
Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

## Supervisors Investigation Report (Appendix G)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Other _____

### Step 1: Injured employee (complete this part for each injured employee)

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply)	Nature of injury: (most serious one)	This employee works:
	<input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	<input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
		Months with this employer
		Months doing this job:

### Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any):	



<b>Number of attachments:</b>	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

<b>Step 3: Why did the incident happen?</b>	
<b>Unsafe workplace conditions: (Check all that apply)</b> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	<b>Unsafe acts by people: (Check all that apply)</b> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Have there been similar incidents or near misses prior to this one? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

**Step 4: How can future incidents be prevented?**

**What changes do you suggest to prevent this incident/near miss from happening again?**

- Stop this activity     Guard the hazard     Train the employee(s)     Train the supervisor(s)
- Redesign task steps     Redesign work station     Write a new policy/rule     Enforce existing policy
- Routinely inspect for the hazard     Personal Protective Equipment     Other: \_\_\_\_\_

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

**Step 5: Who completed and reviewed this form? (Please Print)**

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:

(Appendix H)

**Lock Out/Tag Out Log**

Date	Issued By	Issued To	System To Be Locked Out	Confirmed	Comments

**Lock Out/Tag Out Removal**

Date	Removed By	System Work Completed	Confirmed	Comments

**PIPE INSPECTION TEST REPORT (Appendix I)**

Owner: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Project: \_\_\_\_\_

Project Number: \_\_\_\_\_

Contractor: \_\_\_\_\_

Test Number: \_\_\_\_\_

Reference Dwg. No. \_\_\_\_\_

Type of Test: \_\_\_\_\_

Location of Pipe: \_\_\_\_\_

Location of Test: \_\_\_\_\_

Type of Pipe & Joints: \_\_\_\_\_

Test Pressure: \_\_\_\_\_ psi    Duration: \_\_\_\_\_ hours    Signature: \_\_\_\_\_

Test Pressure Removed Signature: \_\_\_\_\_

Test Pressure Removed Confirmed Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

Leakage: \_\_\_\_\_

PASS \_\_\_\_\_

FAIL \_\_\_\_\_

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Mechanical Inspector

**CONFINED SPACE ENTRY PERMIT (Appendix J)**

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TYPE OF SPACE: SEWER SYSTEM \_\_\_ VAULT \_\_\_ ATTIC \_\_\_ CRAWL SPACE \_\_\_ TANK \_\_\_  
 PERMIT DATE/START TIME: \_\_\_\_\_ DESCRIPTION OF WORK: \_\_\_\_\_

**NATURE OF HAZARDS IN CONFINED SPACE: (check)**  
 \_\_\_ Oxygen deficiency (less than 19.5%)  
 \_\_\_ Oxygen enrichment (greater than 23.5%)  
 \_\_\_ Flammable gases or vapors (greater than 10% LEL)  
 \_\_\_ Toxic gases or vapors (> than permissible exposure limit)  
 \_\_\_ Mechanical hazards  
 \_\_\_ Mold  
 \_\_\_ Electrical Hazards  
 \_\_\_ Engulfment  
 \_\_\_ Entrapment  
 \_\_\_ Temperature  
 \_\_\_ Insulation Fibers  
 \_\_\_ Structure (slip, trip & fall)  
 \_\_\_ Other \_\_\_\_\_

**EQUIPMENT REQUIRED FOR ENTRY: (Check)**  
 \_\_\_ Respirator (specify) \_\_\_\_\_  
 \_\_\_ Lifeline and safety harness  
 \_\_\_ Protective clothing  
 \_\_\_ Hearing protection  
 \_\_\_ Spark resistant tools  
 \_\_\_ Ladders  
 \_\_\_ Other \_\_\_\_\_

**PREPARATION: (Check)**  
 \_\_\_ Notify affected departments/employees  
 \_\_\_ Isolate – blanked or double valve, with lock and tag  
 \_\_\_ Zero energy state (Lock out all energy sources)  
 \_\_\_ Cleaned, drained, washed and purged  
 \_\_\_ Ventilation to provide fresh air  
 \_\_\_ Procedures reviewed with each employee  
 \_\_\_ Atmospheric Test in compliance (see below)  
 \_\_\_ Hot work (*Attach hot work permit*)  
 \_\_\_ External Barricades  
 \_\_\_ Other \_\_\_\_\_

**ELECTRICAL EQUIPMENT/TOOLS:**  
 \_\_\_ Low voltage \_\_\_ Backup Lighting  
 \_\_\_ GFCI

**Communications (specify)**  
 \_\_\_\_\_

**RESCUE AND EMERGENCY:**  
 Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Rescue equipment (specify) Tri-pod, Harness, Tether

**GAS MONITOR:**  
 Name: \_\_\_\_\_ Model/Type: \_\_\_\_\_  
 Serial number: \_\_\_\_\_

Will there be other Entry Employers on this site? Yes \_\_\_ No \_\_\_ (*if yes please answer all questions below*)  
 List all Entry Employers; \_\_\_\_\_

Host Employer: \_\_\_\_\_ Host Contact : \_\_\_\_\_ Property Owner: \_\_\_\_\_

TEST	LIMITS	Check if required	INITIAL READING	RESULT	RESULT	RESULT
1. Oxygen	1. 19.5% - 23.5%		READING	am pm	am pm	am pm
2. Flammability	2. 10% LEL	1. _____	RESULT am pm	Time _____	Time _____	Time _____
3. H <sub>2</sub> S	3. 10 ppm	2. _____	Time _____	1. _____	1. _____	1. _____
4. CO	4. 35 ppm	3. _____	1. _____	2. _____	2. _____	2. _____
5. Toxic – specify	5. _____	4. _____	2. _____	3. _____	3. _____	3. _____
6. Heat	6. _____ o F	5. _____	3. _____	4. _____	4. _____	4. _____
7. Other	7. _____	6. _____	4. _____	5. _____	5. _____	5. _____
		7. _____	5. _____	6. _____	6. _____	6. _____
			6. _____	7. _____	7. _____	7. _____
			7. _____			
			Initials _____	Initials _____	Initials _____	Initials _____

H<sub>2</sub>S = Hydrogen Sulfide; CO = Carbon Monoxide

Can space be deemed as a Non-Permit Space? Yes \_\_\_ No \_\_\_ (*if yes, cancel the permit by signing confirmation statement below*)

I \_\_\_\_\_ have performed all of the required steps to confirm that the space listed at the top of this permit is a Non-Permit Confined Space and is safe to enter. I understand that if conditions change, re-evaluation of this space will be necessary to confirm this status.

Entry Supervisor Signature: \_\_\_\_\_ Time: \_\_\_\_\_

**AUTHORIZATION: I (Entry Supervisor Authorizing Entry for Permit Required Confined Spaces) certify that all required precautions have been taken and the necessary equipment is provided for safe entry and work in this Permit –Required Confined Space.**

**ENTRY SUPERVISOR NAME (Print):**

\_\_\_\_\_

**ENTRY SUPERVISOR SIGNATURE:**

\_\_\_\_\_

**DATE ISSUED:** \_\_\_\_\_ **TIME ISSUED:** \_\_\_\_\_ **TIME EXPIRED:** \_\_\_\_\_

Acceptance of Permit

Entrant Signature	Time Entered	Time Out	Time Entered	Time Out	Initial when Work Completed

Attendant Signature	Time On	Time Off	Time On	Time Off	Initial when Work Completed

Entry Supervisor	Time On	Time Off	Time On	Time Off	Initial when Work Completed

**\*Permit required to be retained on file for a period of 1 year\***

## VEHICLE ACCIDENT REPORT FORM (Appendix K)

### ACCIDENT INFORMATION

ACCIDENT DATE/TIME	LOCATION OF ACCIDENT (include city & state)	POLICE DEPT. TO WHOM REPORTED						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">am</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">pm</td> <td></td> </tr> </table>		am			pm			
	am							
	pm							
ORIGIN & DESTINATION OF YOUR TRIP		POLICE OFFICER						
PURPOSE OF TRIP								

### VEHICLE & DRIVER

MAKE	MODEL	YEAR	VEHICLE I.D. OR SERIAL NO.	FLEET NO.	LICENSE PLATE NO.
NAME OF DRIVER			HOME ADDRESS		TELEPHONE (home)
DEPARTMENT WHERE EMPLOYED			OFFICE ADDRESS		TELEPHONE (office)
DRIVERS LICENSE NO.	DATE OF BIRTH	SOCIAL SECURITY NO.	NAME OF SUPERVISOR		
DESCRIBE VEHICLE DAMAGE				WHERE & WHEN CAN VEHICLE BE SEEN?	

### OTHER VEHICLE OR PROPERTY

MAKE	MODEL	YEAR	LICENSE PLATE NO.	INSURANCE CARRIER & ADDRESS
NAME OF DRIVER			ADDRESS	TELEPHONE
OWNER			ADDRESS	TELEPHONE
DESCRIBE VEHICLE DAMAGE				WHERE & WHEN CAN VEHICLE BE SEEN?

### ACCIDENT

DESCRIPTION OF ACCIDENT (use additional sheet if necessary)

**INJURED**

INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE	
		OTHER VEHICLE	PEDESTRIAN	
INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE	
		OTHER VEHICLE	PEDESTRIAN	
INJURED NAME & ADDRESS	INJURIES	AGE	VEHICLE	
		OTHER VEHICLE	PEDESTRIAN	

**WITNESSES**

WITNESS NAME & ADDRESS	VEHICLE	OTHER	
WITNESS NAME & ADDRESS	VEHICLE	OTHER	
WITNESS NAME & ADDRESS	VEHICLE	OTHER	

<b>REMARKS</b>

<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____ <b>Driver Signature</b></td> <td style="width: 50%; text-align: center;">_____ <b>Date</b></td> </tr> </table>	_____ <b>Driver Signature</b>	_____ <b>Date</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">_____ <b>Supervisor Signature</b></td> <td style="width: 50%; text-align: center;">_____ <b>Date</b></td> </tr> </table>	_____ <b>Supervisor Signature</b>	_____ <b>Date</b>
_____ <b>Driver Signature</b>	_____ <b>Date</b>				
_____ <b>Supervisor Signature</b>	_____ <b>Date</b>				



**Appendix L**

**Monroe Plumbing & Heating**

**POWERED INDUSTRIAL TRUCK INSPECTION CHECKLIST  
FORKLIFT**

Truck Number: \_\_\_\_\_ Date: \_\_\_\_\_

Hour meter Reading: \_\_\_\_\_ Inspected by: \_\_\_\_\_

Check each item	Condition		Explain below if not OK
	OK	Not OK	
<b>KEY OFF PROCEDURES</b>			
Overhead guard			
Hydraulic Cylinders			
Mast assembly			
Lift chains and rollers			
Forks			
Tires			
LPG Tank and Locator pin			
LPG tank hose			
Gas gauge			
Battery			
Hydraulic Fluid level			
Engine oil level			
Engine coolant level			
<b>KEY ON PROCEDURES</b>			
Front, tail and brake lights			
Oil pressure indicator lamp			
Ammeter indicator lamp			
Hour meter			
Water temperature gauge			

## DAILY AERIAL LIFT INSPECTION FORM (Appendix M)

LIFT #: \_\_\_\_\_

Inspector: \_\_\_\_\_

Job #: \_\_\_\_\_

Week Beginning: \_\_\_\_\_

**Instructions:**

**Each Aerial lift / Scissor lift will be operationally tested and visually inspected prior to each shift. The inspector will place a (✓) in the appropriate box when an item passes inspection. If a problem is noted, leave the box empty and note a brief description of the problem. Immediately notify a Supervisor of any Aerial lift / Scissor lift deficiencies.**

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes								
Base Operation Controls								
Basket Operation Controls								
Foot Controls (if applicable)								
Safety Signs (Readable)								
<b>Boom</b>								
Hydraulic Leaks								
Extension Chain & Pivot Pins								
Electrical Lines								
Basket Cage and Gate								
Anchorage Points								
<b>Base (Visual)</b>								
Broken, Cracked or Loose Parts								
Leaks								
Electrical								
Tires & Outriggers								
Back Up Alarm & Manual								
<b>Engine Compartment (Visual)</b>								
Oil Level								
Fuel Level								
Belt, Hose & Motor Condition								
Battery & Electrical								

Notes: \_\_\_\_\_

Lead Foreman Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Supervisor's Property Damage Report (Appendix N)

Property Owner \_\_\_\_\_ Date of Report \_\_\_\_\_

Location of Incident (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Site) \_\_\_\_\_ (Dept.) \_\_\_\_\_

Describe Work Being Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accident Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Equipment of Property Damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Correction Actions/Recommendations:** (Those that have been or will be taken to prevent reoccurrence.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report Prepared By: \_\_\_\_\_ Title/Classification \_\_\_\_\_



**Handbook Review Verification Form**

I hereby acknowledge receipt and comprehension of the policies and procedures set forth in this Handbook and agree to comply with its directives.

In addition, I hereby agree to comply with any field, or trade related guidelines as they apply to the portion of work for which I have been contracted, and will incorporate them into the on-going safety effort. I also understand and agree to comply with any State (MIOSHA), Federal (OSHA), ANSI regulations, standards, codes and Monroe Plumbing & Heating Company rules as they apply to my portion of the work.

It is recognized that the policies and procedures set forth in this manual are subject to change as conditions and techniques develop. However, no change will be made without explicit review and consent by Monroe Plumbing & Heating Company, and must be in accordance with regulating guidelines.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Company name)

\_\_\_\_\_  
(Subcontractor employee or Safety Representative)

\_\_\_\_\_  
(Date)



August 26, 2021

Monroe Plumbing & Heating Company  
506 Cooper Street  
Monroe, MI 48161

To Whom It May Concern:

I am writing to verify the Experience Modification Factor (EMF) for the Worker's Compensation policy for Monroe Plumbing & Heating Company for the past three years. The modification factors are as follows:

**Michigan – Intrastate**

9/1/21-22 – 0.64

9/1/20-21 – 0.65

9/1/19-20 – 0.72

These factors have been verified via the experience modification sheets provided by the State bureau as found in our files.

Sincerely,

**Justin M. Gargus, CPCU**  
Senior Marketing Underwriter  
616-498-9129

# Summary of Work-Related Injuries and Illnesses

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

Year 20 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
0	1	0	1
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
1	0
(K)	(L)

### Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the 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 Monroe Plumbing & Heating  
 Street 506 Cooper St  
 City Monroe State MI Zip 48161  
 Industry description (e.g., *Manufacture of motor truck trailers*)  
Mechanical Contractor  
 Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
238220

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

Annual average number of employees 57  
 Total hours worked by all employees last year 133566

### 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] Vice President  
 Company executive Title  
 Phone 734-241-4277 Date 02/06/2020

Save Input

# 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.

Year 20 19



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

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 Monroe Plumbing & Heating  
City Monroe State MI

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 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)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:			Death	Remained at Work		Away from work	On job transfer or restriction	(M)							
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Reset 1			9 / 19 month / day	Flat Rock Auto Auction	hurt wrist working on RTU	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	0	<input checked="" 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"/>
Reset 2			11 / 18 month / day	Detroit Edison	Foreign Body left eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>			<input checked="" 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"/>
Reset			/ / month / day			<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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals ▶ 0 1 0 1 1 0 2 0 0 0 0 0

Page 1 of 1

Save Input Add a Form Page

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# Summary of Work-Related Injuries and Illnesses

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

Year 20 20



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.

### Establishment information

Your establishment name Monroe Plumbing & Heating

Street 506 Cooper St

City Monroe State MI Zip 48161

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

Mechanical Contractor

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

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
238220

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

Annual average number of employees 46

Total hours worked by all employees last year 92088

**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] Title President

Company executive  
Phone 734-241-4277 Date 1/4/21

Save Input

### 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>0</u>	<u>0</u>
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>3</u>	<u></u>
(K)	(L)

### Injury and Illness Types

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

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

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

# 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.

Year 20 20



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

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 Monroe Plumbing & Heating  
City Monroe State MI

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 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)	Remained at Work				Away from work	On job transfer or restriction	(M)					
						Death	Days away from work	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	(I)	(J)			(1)	(2)	(3)	(4)	(5)	(6)
Reset 1		Apprentice	6 / 8 month / day	Fab Shop	White fabbing pipe, steel particles entered left eye	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3 days	0 days	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0 days	0 days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page totals ▶ 0 1 0 0 3 0 0 0 0 0 0

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Save Input Add a Form Page

Page 1 of 1 (1) (2) (3) (4) (5) (6)

# Log of Work-Related Injuries and Illnesses

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Year 20 21

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



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 Monroe Plumbing & Heating

City Monroe State MI

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 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)	SELECT ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K)	On Job transfer or restriction (L)	(M)						
						Remained at Work						Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)	
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)									
<input type="button" value="Reset"/> 1		Journeyman	4 / 13 month / day	Gerdau	While cutting pipe, dust particles fell in right eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	___ days	___ 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"/> 2		Apprentice	6 / 8 month / day	Gerdau	Lifting pipe, sprained shoulder	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	198 days	___ 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"/> 3		Apprentice	7 / 13 month / day	MHS	Cut knuckle on wire wheel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	___ days	___ 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"/>			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="button" value="Reset"/>			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="button" value="Reset"/>			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="button" value="Reset"/>			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="button" value="Reset"/>			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="button" value="Reset"/>			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="button" value="Reset"/>			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Page totals</b>						0	1	0	2	198		3	0	0	0	0	0	

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Injury  
(1)  
Skin disorder  
(2)  
Respiratory condition  
(3)  
Poisoning  
(4)  
Hearing loss  
(5)  
All other illnesses  
(6)

# Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.**  
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Year 20 21



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

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
198	
(K)	(L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	3	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	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 Monroe Plumbing & Heating

Street 506 Cooper St

City Monroe State MI Zip 48161

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

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

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
238220

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

Annual average number of employees 67

Total hours worked by all employees last year 144459

**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] Title President

Company executive

Phone 734-241-4277 Date 1/4/22

**Save Input**



506 COOPER STREET P.O. BOX 307  
MONROE, MICHIGAN 48161-0307  
FAX: (313) 241-3602  
PHONE: (313) 241-4277

## C. WORKPLACE DEVELOPMENT

1. Ratio of journeyman to apprentice
  - a. Labor Overview sheet
  - b. Local 190 Plumbers and Pipefitters Pamphlet
2. Bidders Pay Rates
  - a. Local 190 Current Pay Rates
3. Registered Apprenticeship Program.
  - a. Local 671 Master Plumbers Association and Apprentice Training Committee Program.



506 COOPER STREET P.O. BOX 307  
MONROE, MICHIGAN 48161-0307  
FAX: (734) 241-3000  
PHONE: (734) 241-4277

**Celebrating over 70 Years of Mechanical Customer Service**

Monroe Plumbing and Heating Company has a long history of working with U.A. Local 190 plumbers and pipefitters. The professionals of U.A. Local 190 - Plumbers, Pipefitters, Service Technicians and Gas Distribution workers - have been serving the needs of Washtenaw County for over 100 years. Growing from an initial group of 15 members, U.A. Local 190 now has over 1,500 members and is affiliated with the international United Association and its 250,000 members. Our ratio of journeyman to apprentice will be 3 to 1. Workers onsite will be hired through local 190 and the residence location will not be known until the time of hire.

UA local 190 and Monroe Plumbing and Heating constantly strive to keep workers safe and knowledgeable with today's active construction sites. All craft labor employed by Monroe Plumbing and Heating will have completed at minimum of OSHA 10-hour training.

Monroe Plumbing and Heating will also have the company safety director perform site safety walk throughs on a monthly basis or as needed during critical equipment lifts.

**UA LOCAL 190 TRAINING**

Our mission is to provide the best training possible to our apprentices and journeymen to aid in the development of their skills for the plumbing, pipefitting, heating, ventilation, air conditioning, refrigeration and gas distribution industries. For over 50 years, the Local 190 apprenticeship program has provided training through classroom AND on-the-job learning. This means that apprentices earn a paycheck while they learn.

Training through the United Association and UA Local 190 is not simply for a job, but a career in the plumbing & mechanical construction industry. The divisions within the industry range from residential construction to heavy industrial construction. This allows you to choose from a wide variety of jobs including pipe welding, plumbing, pipefitting, service technician, construction management, estimating, pipe system design, and UA instructor just to name a few. Another benefit to completing the apprenticeship program is that you will receive an Associate's Degree in Applied Sciences through Washtenaw Community College which gives you even more career options within our industry.

No other organization in the country spends as much money on training as the United Association. The reason is simple, we know the importance of providing the highest skilled labor to our contractors. Through the partnership between UA Local 190 and Greater Michigan Plumbing & Mechanical Contractors Association, the apprenticeship program and journeyman upgrade classes allow us stay ahead of the curve when it comes to worker safety, methods of installation, new products and new materials.

**Greater Michigan UA Local 190 JATC**  
8040 Jackson Rd.  
Ann Arbor, MI 48103  
734-426-3700



*Boiler training for Heating Hot Water systems*

### "How do I get started?"

Basic qualifications to apply:

- Applicants must be at least 18 years of age
- Applicants must have high school transcripts, G.E.D., or college transcripts
- Proof of citizenship (S.S. card, passport, etc.)
- Applicants must have a valid, unrestricted Michigan driver's license
- Applicants must be a resident of Washtenaw County, the townships of Green Oak or Hamburg in Livingston County, or the townships of Clinton, Tecumseh or Macon in Lenawee County.
- Applications are available for the Plumber/Pipefitter & HVAC-R Technician apprenticeship programs for Greater Michigan UA Local 190 JTC. Anyone interested may pick up an application, in person, at the following address:
- 8040 Jackson Rd.  
Ann Arbor, MI 48103

## Who We Are

### About Us

The Greater Michigan UA Local 190 Joint Training Committee is a Department of Labor registered apprenticeship program that is made up of representatives from the United Association Local 190 of Plumbers, Pipefitters, HVAC-R & Gas Distribution and the Greater Michigan Plumbing & Mechanical Contractors Association.

Together we are responsible for all training related to the apprenticeship program and journeyman upgrade classes & certifications.

### Contact Us

Phone: 734-426-3700

Email: [rw@190jtc.com](mailto:rw@190jtc.com)

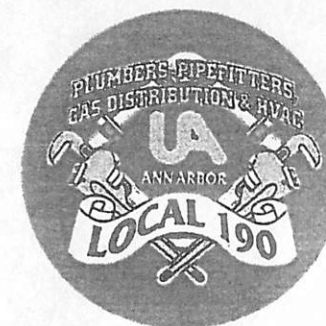
Web: [ua190.org](http://ua190.org)



GREATER MICHIGAN  
UA LOCAL 190 JTC  
8040 Jackson Rd.  
Ann Arbor, MI 48103

GREATER  
MICHIGAN  
UA LOCAL 190  
JTC

Ann Arbor, MI



*"Training for your future!"*



*"What type of work do you do?"*

The Greater Michigan UA Local 190 JTC trains apprentices for work in the mechanical construction industry which can range from residential construction to heavy industrial construction. The mechanical industry is responsible for installing the heating & air conditioning piping and plumbing systems, without which, buildings and other facilities would be merely empty shells. This means that you have a variety of opportunities within the industry to explore all aspects of our trade.

*"What kind of earnings can I expect?"*

On average, as a journeyman, you can expect to make \$65,000-\$70,000 a year. There is always potential to earn more by completing different types of journeyman upgrade classes i.e., welding certifications.

*Not a job but a career.....*

A career in the mechanical construction industry provides almost endless possibilities for your future. Not only do you make a very good living, you receive health insurance and a pension.

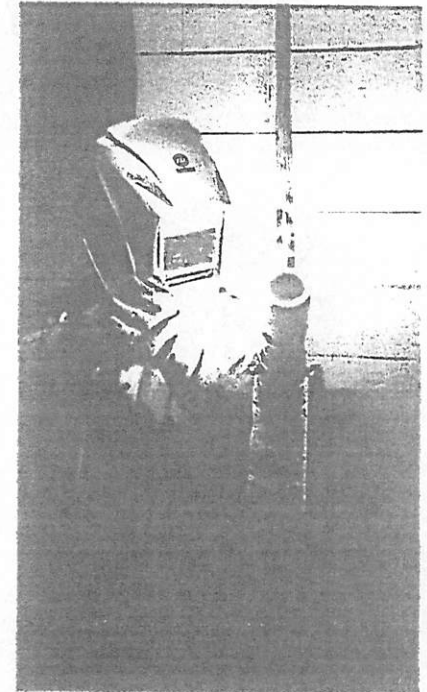
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*"The training that I received has allowed me to experience a variety of unique jobs. There is always something different to do."*

---

*Types of construction work within our trade just to name a few.....*

- Medical gas piping (Hospitals)
- Welding
- Backflow Prevention
- Rigging (Working with cranes)
- Air conditioning & Refrigeration
- Piping system design (Auto-CAD)
- Hot water & Steam heating
- Gas pipeline (Welding & Plastic Fusing)



*UA Welding Certification Training*

*"How does the program work?"*

- The apprenticeship is a 5 year program
- Attend school 1-2 nights per week
- Work during the day and get paid!
- Complete general education classes through Washtenaw Community College
- Graduate with a journeyman card AND an Associate's degree in Applied Sciences



LOCAL 190  
Effective July 1, 2021 to May 31, 2022  
Contract Expires May 31, 2025

		JOURNEYMAN	FOREMAN	GENERAL FOREMAN
	Base Rate	\$ 42.33	\$ 45.83	\$ 47.33
HP	Vacation (\$2.00 incl in base)			
W	Dues Check Off	1.08	1.08	1.08
W	Job Targeting	0.25	0.25	0.25
W	Building Fund	0.20	0.20	0.20
W	Organizing Fund	0.45	0.45	0.45
	<b>TOTAL TAXABLE WAGES</b>	<b>\$ 44.31</b>	<b>\$ 47.81</b>	<b>\$ 49.31</b>
W	Insurance Contribution	10.18	10.18	10.18
W	Individual Health Reimbursement	1.23	1.23	1.23
HP	Pension Contribution	10.58	10.58	10.58
HP	Defined Contrib Pension	0.25	0.25	0.25
W	SUB Fund	0.30	0.30	0.30
W	Industry Fund	0.78	0.78	0.78
W	Training Fund	1.07	1.07	1.07
W	Scholarship Fund	0.03	0.03	0.03
W	International Training Fd	0.10	0.10	0.10
W	LM/Work Safe/Quality Fund	0.15	0.15	0.15
	Total Fringes	24.67	24.67	24.67
	<b>TOTAL PACKAGE</b>	<b>\$ 68.98</b>	<b>\$ 72.48</b>	<b>\$ 73.98</b>

limits TAXES

	147000 social security	0.0620	2.747	2.964	3.057
	medicare	0.0145	0.642	0.693	0.715
	7000 FUTA	0.0060	0.266	0.287	0.296
	9500 MESC	0.0570	2.526	2.725	2.811
W	workers comp 9/1/21	0.0072	0.319	0.344	0.355
	0.0168 before discounts				
	Total Taxes		6.50	7.01	7.23
	<b>TOTAL</b>	<b>\$</b>	<b>75.48</b>	<b>\$</b>	<b>79.49</b>
	Liability on wages	0.00575	\$ 0.25	\$ 0.27	\$ 0.28
	MCAA - rate per hr	0.09	0.09	0.09	0.09

NOTE: Foreman are paid minimum additional \$3.50  
General Foreman minimum additional \$5.00

LOCAL 190  
 Effective July 1, 2021 to May 31, 2022  
 Contract Expires May 31, 2025

8/26/2021

Rate - Time & 1/2		JOURNEYMAN	FOREMAN	GENERAL FOREMAN	
	Base Rate	\$ 63.50	\$ 68.75	\$ 71.00	
HP	Vacation (\$3.00 incl in base)				
W	Dues Check Off	1.08	1.08	1.08	
W	Job Targeting	0.25	0.25	0.25	
W	Building Fund	0.20	0.20	0.20	
W	Organizing Fund	0.45	0.45	0.45	
	<b>TOTAL TAXABLE WAGES</b>	<b>\$ 65.48</b>	<b>\$ 70.73</b>	<b>\$ 72.98</b>	
W	Insurance Contribution	10.18	10.18	10.18	
W	Individual Health Reimbursement	1.23	1.23	1.23	
HP	Pension Contribution	15.87	15.87	15.87	
HP	Defined Contrib Pension	0.38	0.38	0.38	
W	SUB Fund	0.30	0.30	0.30	
W	Industry Fund	0.78	0.78	0.78	
W	Training Fund	1.07	1.07	1.07	
W	Scholarship Fund	0.03	0.03	0.03	
W	International Training Fd	0.10	0.10	0.10	
	Labor Management Fund	0.15	0.15	0.15	
	Total Fringes	30.09	30.09	30.09	
	<b>TOTAL PACKAGE</b>	<b>\$ 95.57</b>	<b>\$ 100.82</b>	<b>\$ 103.07</b>	
<b>TAXES</b>					
limits	147,000 social security	0.0620	4.059	4.385	4.524
	medicare	0.0145	0.949	1.026	1.058
	7000 FUTA	0.0060	0.393	0.424	0.438
	9500 MESC	0.0570	3.732	4.031	4.160
W	workers comp9/1/21	0.0072	0.319	0.344	0.355
	0.0168 before discounts				
	Total Taxes		9.45	10.21	10.54
	<b>TOTAL</b>	<b>\$ 105.02</b>	<b>\$ 111.03</b>	<b>\$ 113.60</b>	
	Liability on wages	0.00575	\$ 0.38	\$ 0.41	\$ 0.42
	MCAA - rate per hr	0.09	0.09	0.09	0.09

LOCAL 190  
 Effective July 1, 2021 to May 31, 2022  
 Contract Expires May 31, 2025

8/26/2021

Rate - Double			JOURNEYMAN	FOREMAN	GENERAL FOREMAN
	Base Rate	\$	84.66	\$ 91.66	\$ 94.66
HP	Vacation (\$4.00 incl in base)				
W	Dues Check Off		1.08	1.08	1.08
W	Job Targeting		0.25	0.25	0.25
W	Building Fund		0.20	0.20	0.20
W	Organizing Fund		0.45	0.45	0.45
	<b>TOTAL TAXABLE WAGES</b>	<b>\$</b>	<b>86.64</b>	<b>\$ 93.64</b>	<b>\$ 96.64</b>
W	Insurance Contribution		10.18	10.18	10.18
W	Individual Health Reimbursement		1.23	1.23	1.23
HP	Pension Contribution		21.16	21.16	21.16
HP	Defined Contrib Pension		0.50	0.50	0.50
W	SUB Fund		0.30	0.30	0.30
W	Industry Fund		0.78	0.78	0.78
W	Training Fund		1.07	1.07	1.07
W	Scholarship Fund		0.03	0.03	0.03
W	International Training Fd		0.10	0.10	0.10
W	Labor-Management Fund		0.15	0.15	0.15
	Total Fringes		35.50	35.50	35.50
	<b>TOTAL PACKAGE</b>	<b>\$</b>	<b>122.14</b>	<b>\$ 129.14</b>	<b>\$ 132.14</b>
limits	<b>TAXES</b>				
	147000 social security	0.0620	5.372	5.806	5.992
	medicare	0.0145	1.256	1.358	1.401
	7000 FUTA	0.0060	0.520	0.562	0.580
	9500 MESC	0.0570	4.938	5.337	5.508
W	workers comp9/1/21	0.0072	0.319	0.344	0.355
	0.0168 before discounts				
	Total Taxes		12.41	13.41	13.84
	<b>TOTAL</b>	<b>\$</b>	<b>134.55</b>	<b>\$ 142.55</b>	<b>\$ 145.98</b>
	Liability on wages	0.00575 \$	0.50	0.54	0.56
	MCAA - rate per hr	0.09	0.09	0.09	0.09



Local Union 671  
Monroe Plumbers and Pipefitters  
Joint Apprenticeship Committee

309 Detroit Avenue • Monroe, Michigan 48162  
Phone: 734-242-5711 Fax: 734-242-4692

March 18, 2022

To Whom It May Concern,

Monroe Plumbing and Heating is a Member of the Monroe Master Plumbers Association who, in partnership with UA Local 671 sponsor our Apprenticeship training program. The Monroe Plumbers and Pipefitters Joint Apprenticeship Training Committee operates three Apprenticeship programs under the United States Department of Labor. Every Apprentice is registered with the United States Department of Labor, and I have included the signed cover sheet of our Program Standards document proving such. If Monroe Plumbing and Heating is awarded the contract we can provide Davis-Bacon Certificates for each apprentice employed.

Sincerely,

Justin McManaway  
Apprenticeship Administrator



# Revised Registered Apprenticeship Standards

## STANDARDS OF APPRENTICESHIP

**MONROE PLUMBERS AND PIPEFITTERS  
JOINT APPRENTICESHIP TRAINING COMMITTEE  
309 DETROIT A.VE.  
MONROE MICHIGAN 48162**



FOR THE OCCUPATION OF

Occupation	RAPIDS Code	O*NET/SOC Code
Pipe Fitter	0414HY	47-2152.01
Plumber	0432HY	47-2152.02
HEATING & AIR-CONDITIONER INSTALL/SER (HVACR TECH)	0637HY	49-9021.01

Developed in Cooperation with the U.S. Department of Labor Office of Apprenticeship

Approved by the U.S. Department of Labor Office of Apprenticeship

BY: 

Russell W. Davis, Michigan State Director  
Office of Apprenticeship  
UNITED STATES DEPARTMENT OF LABOR

Revision Date: 11/23/20

Registration Date: December 31, 1978

RAPIDS Program Number: MID15780016

Developed by: Maro L. DeCoster - ATR

Check here if these are revised standards

Revised to Add new occupation and direct entry for Veterans.



506 Cooper St  
Monroe MI 48161  
Phone: 734-241-4277  
Fax: 734-241-3602

#### D. Social Equality and Sustainability

1. Employment of Local Residents
  - a. Monroe Plumbing and Heating Company is a local contractor with over 70 years of experience in Mechanical Contracting. Depending on the location of the project, Monroe will employ Union Plumbers and Pipefitters from the local hall.
2. Evidence of Equal Employment Opportunities Programs
  - a. Monroe is an equal opportunity employer employing union plumbers and pipefitters from local UA branches.
3. Evidence of Equal Employment Opportunity Employer
  - a. Monroe is an equal opportunity employer employing union plumbers and pipefitters from local UA branches.
4. Proposed use of sustainable products, technologies, or practices
  - a. Monroe constantly strives to use sustainable products and technologies when possible. Many times projects require certain materials and equipment to meet the design specifications. When possible, Monroe will make recommendations for products that are sustainable and best for the environment. From recycling products in the office/field to having LEED certified employees, Monroe strives to be an environmentally minded company.
5. Environmental Records – Violations and Penalties
  - a. Monroe Plumbing and Heating Company has not had any EPA or Environmental Violations or Penalties within the last (10) years.



506 Cooper St  
Monroe MI 48161  
Phone: 734-241-4277  
Fax: 734-241-3602

To: All Employees at Monroe Plumbing & Heating Company

The success of the Company depends on each of us, its officers & employees, and our daily interactions with each other, with visitors and with the customers we serve. This memo serves to highlight several important Company policies:

**Equal Employment Opportunity**

The Company is an equal opportunity employer and complies with applicable state and federal fair employment practices laws. The company does not discriminate against employees or applicants because of race, color, religion, national origin, age, disability, sex, or any other characteristic protected under applicable state or federal laws.

**Sexual Harassment**

It is our Company's policy to prohibit sexual harassment. The purpose of this policy is not to regulate our employee's personal morality. Rather, it is to insure that, in the work place, no employee harasses another on the basis of sex. While it is not easy to define precisely what harassment is, it may include unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of sexual nature such as uninviting touching or sexually related comments. Any employee who feels that he or she has been subjected to sexual harassment should immediately report the matter to his/her supervisor or another supervisor or the president of the Company. Violations of this policy may result in disciplinary action up to and including discharge.

**Resolution of Complaints**

We encourage you to bring your questions, suggestions, and complaints to our attention. We will give careful consideration to each of these in a continuing effort to improve our operation. If there is anything about your job that is bothering you, let's get it out in the open and talk about it. Here are some of the steps you may take:

1. First, if you feel you have a problem, you may present the situation to your immediate supervisor so that the problem can be settled quickly. Past experience has proven that most problems can be settled through a basic examination and discussion of the facts with your immediate supervisor.
2. If you are still not satisfied, you may discuss your question or problem with any company officer. We want to provide you every opportunity to discuss your problems freely.

**At-Will Employment**

The employment relationship is one of employment-at-will, and can be terminated with or without cause and without notice at any time at the option of the Company or yourself. For our union employees, any terminations will be conducted in accordance with the Collective Bargaining Agreement.

I acknowledge that I have received a copy of this policy guideline and understand its contents.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



506 Cooper St  
Monroe MI 48161  
Phone: 734-241-4277  
Fax: 734-241-3602

Notice to All Employees and Applicants

Monroe Plumbing & Heating Company is a government subcontractor subject to Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 which requires government contractors and subcontractors to take affirmative action to employ and advance in employment, qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals. If you are a disabled veteran, a veteran of the Vietnam Era, or handicapped and would like to be considered under the affirmative action program, please tell us. Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary action. Information obtained concerning individuals shall be kept confidential, except that:

1. Supervisors and managers may be informed regarding restrictions of the work or duties of handicapped individuals and regarding necessary accommodations;
2. First aid and safety personnel may be informed as to when and to the extent the condition might require emergency treatment; and
3. Government officials investigating compliance with the Act shall be informed.

If you are handicapped, we would like to include you under the Affirmative Action Program. It would assist us if you tell us about (a) any special methods, skills, and/or procedures which qualify you for positions that you might not otherwise be able to do because of your handicap, so that you may be considered for any positions of that kind, and (b) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties related to the job, or other accommodations.

Any employee or applicant who believes themselves covered by the provisions of one of these Acts and desires consideration under the AAP, should contact Karol Straub or Lyndsay Kieselbach.

I acknowledge that I have received a copy of Monroe Plumbing & Heating company's policy, and I have read and understand this policy.

/s/ \_\_\_\_\_ date  
Employee



**Fee Proposal Form**

ITEM	Total Cost
	Year 1 (July 1, 2022 – June 30, 2023) \$ <u>65,000<sup>-</sup></u>
	Year 2 (July 1, 2023 – June 30, 2024) \$ <u>65,000<sup>-</sup></u>
	Year 3 (July 1, 2024 – June 30, 2025) \$ <u>66,500<sup>-</sup></u>
<b>Total Project Cost</b>	Optional (renewal) Year 4 (July 1, 2025 – June 30, 2026) \$ <u>68,000<sup>-</sup></u>
	Optional (renewal) Year 5 (July 1, 2026 – June 30, 2027) \$ <u>69,500<sup>-</sup></u>

General

Contractor shall be paid for those Services performed pursuant to this Agreement inclusive of all reimbursable expenses (if applicable), in accordance with the terms and conditions herein.

**Repairs**

The Compensation Schedule below/attached states nature and amount of compensation the Contractor may charge the City for repairs outside of the Bi-Annual Maintenance amounts: Rates include all overhead costs, travel time, service vehicles and all necessary equipment. Rates do not include any material that may be required.

Rate Type	Definition - REPAIRS	Rate per hour per technician	Other rates (describe)
Regular Time	"Regular time" is defined as: eight (8) hours' work between the hours of 7 am and 4:30pm Monday through Friday	<u>130.00</u>	<u>See below</u>
Overtime Hourly Rate	"Overtime" is defined as 4:30pm to 10:00 p.m. Monday through Friday	<u>180.00</u>	

*# Above rates valid until June 30, 2023*

*\* If a rental is needed to complete a task, pricing and authorization will be discussed and approved prior to proceeding.*



506 Cooper St  
Monroe MI 48161  
Phone: 734-241-4277  
Fax: 734-241-3602

F. Authorized Negotiator

a. Joseph Theisen – Vice President/Service Manager

Joseph Theisen

[joet@monroeplumbing.com](mailto:joet@monroeplumbing.com)

(734)241-4277 Office

(734)735-8004 Cell

All material and equipment included with this proposal are per plans and specifications.



506 COOPER STREET P.O. BOX 307  
MONROE, MICHIGAN 48161-0307  
FAX: (313) 241-3602  
PHONE: (313) 241-4277

## G. ATTACHMENTS

1. Bond
2. Legal Status of Bidder
2. General Declarations
3. Prevailing Wage Declaration
4. Vendor Conflict Disclosure
5. Declaration of Compliance

# THE CINCINNATI INSURANCE COMPANY

## Bid Bond

**CONTRACTOR** (Name, legal status and address):

Monroe Plumbing and Heating Company  
506 Cooper Street  
Monroe, Mi 48161

**SURETY** (Name, legal status and principal place of business):

**THE CINCINNATI INSURANCE COMPANY**  
6200 S. GILMORE ROAD  
FAIRFIELD, OHIO 45014-5141

**OWNER** (Name, legal status and address):

City of Ann Arbor

This document has important legal consequences, Consultation with an attorney is encouraged with respect to its completion or modification.

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

**BOND AMOUNT:**

5% of accompanying bid

**PROJECT** (Name, location or address, and Project number, if any):

Water Treatment Service Unit HVAC

Maintenance Services

301 E. Huron Street, Ann Arbor, MI 48104

Project Number, if any:

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond the sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirements shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 6th day of June 2022

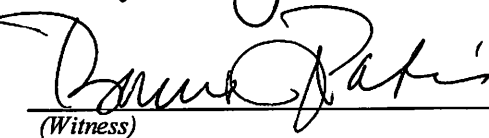
  
(Witness)

Monroe Plumbing and Heating Company

(Principal)

(Seal)

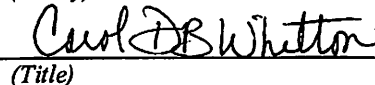
  
(Title)

  
(Witness)

**THE CINCINNATI INSURANCE COMPANY**

(Surety)

(Seal)

  
(Title)

Carol D.B. Whitton, Attorney-In-fact

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Charles O. Howey; Reba S. Wilkins; Carol Whitton and/or Bonnie J. Pabis

of Woodhaven, Michigan its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows: Any such obligations in the United States, up to

Twenty Five Million and No/100 Dollars (\$25,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the 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 at a meeting duly called and held on the 7th day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Senior Vice President this 19th day of December, 2018.



THE CINCINNATI INSURANCE COMPANY

Stephen A. Ventre

STATE OF OHIO ) ss:
COUNTY OF BUTLER )

On this 19th day of December, 2018, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



Keith Collett signature

KEITH COLLETT, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date. Section 147.03 O.R.C.

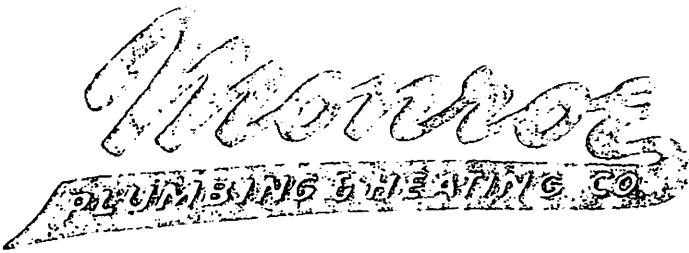
I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio.

16th day of June, 2022



Signature of Secretary or Assistant Secretary



506 COOPER STREET P.O. BOX 307  
MONROE, MICHIGAN 48161-0307  
PHONE: (734) 241-4277  
FAX: (734) 241-3602

I, Thomas Theisen, secretary of Monroe Plumbing & Heating Company, a Corporation organized and existing under the laws of the State of Michigan, do hereby certify that at a meeting of the Board of Directors of said Corporation duly held on the 3rd day of May, 2021 at which a quorum was present and acting throughout, the following action was taken:

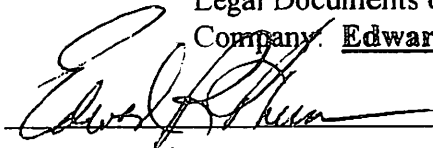
RESOLVED: Edward R. Theisen is Chairman of the Board

Karol Straub is President/Treasurer

Thomas Theisen is Vice President/Secretary

Joseph Theisen is Vice President

RESOLVED: That the following Officers be authorized to sign any and all checks and Legal Documents on behalf of the Monroe Plumbing & Heating Company: Edward R. Theisen, Thomas Theisen, Joseph Theisen.

  
\_\_\_\_\_

Chairman of the Board

  
\_\_\_\_\_

President/Treasurer

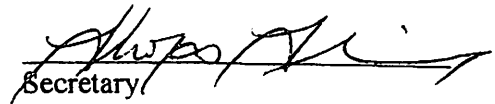
  
\_\_\_\_\_

Vice President/Secretary

  
\_\_\_\_\_

Vice President

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said Corporation this 3rd day of May, 2021.

  
Secretary

Corporate Seal

**ATTACHMENT B**  
**GENERAL DECLARATIONS**

City of Ann Arbor  
Guy C. Larcom Municipal Building  
Ann Arbor, Michigan 48107

Ladies and Gentlemen:

The undersigned, as Bidder, declares that this Bid is made in good faith, without fraud or collusion with any person or persons bidding on the same Contract; that this Bidder has carefully read and examined the bid documents, including City Nondiscrimination requirements and Declaration of Compliance Form, Living Wage requirements and Declaration of Compliance Form, Prevailing Wage requirements and Declaration of Compliance Form, Vendor Conflict of Interest Form, Notice of Pre-Bid Conference, General Information, Bid, Bid Forms, Contract, Bond Forms, General Conditions, Standard Specifications, Detailed Specifications, all Addenda, and the Plans (if applicable) and understands them. The Bidder declares that it conducted a full investigation at the site and of the work proposed and is fully informed as to the nature of the work and the conditions relating to the work's performance. The Bidder also declares that it has extensive experience in successfully completing projects similar to this one.

The Bidder acknowledges that it has not received or relied upon any representations or warrants of any nature whatsoever from the City of Ann Arbor, its agents or employees, and that this Bid is based solely upon the Bidder's own independent business judgment.

The undersigned proposes to perform all work shown on the plans or described in the bid documents, including any addenda issued, and to furnish all necessary machinery, tools, apparatus, and other means of construction to do all the work, furnish all the materials, and complete the work in strict accordance with all terms of the Contract of which this Bid is one part.

In accordance with these bid documents, and Addenda numbered 1&2, the undersigned, as Bidder, proposes to perform at the sites in and/or around Ann Arbor, Michigan, all the work included herein for the amounts set forth in the Bid Forms.

The Bidder declares that it has become fully familiar with the liquidated damage clauses for completion times and for compliance with City Code Chapter 112, understands and agrees that the liquidated damages are for the non-quantifiable aspects of non-compliance and do not cover actual damages that may be shown and agrees that if awarded the Contract, all liquidated damage clauses form part of the Contract.

The Bidder declares that it has become fully familiar with the provisions of Chapter 14, Section 1:320 (Prevailing wages) and Chapter 23 (Living Wage) of the Code of the City of Ann Arbor and that it understands and agrees to comply, to the extent applicable to employees providing services to the City under this Contract, with the wage and reporting requirements stated in the City Code provisions cited. Bidder certifies that the statements contained in the City Prevailing Wage and Living Wage Declaration of Compliance Forms are true and correct. Bidder further agrees that the cited provisions of Chapter 14 and Chapter 23 form a part of this Contract.

The Bidder declares that it has become familiar with the City Conflict of Interest Disclosure Form and certifies that the statement contained therein is true and correct.

The Bidder encloses a certified check or Bid Bond in the amount of 5% of the total of the Bid Price. The Bidder agrees both to contract for the work and to furnish the necessary Bonds and insurance documentation within 10 days after being notified of the acceptance of the Bid.

If this Bid is accepted by the City and the Bidder fails to contract and furnish the required Bonds and insurance documentation within 10 days after being notified of the acceptance of this Bid, then the Bidder shall be considered to have abandoned the Contract and the certified check or Bid Bond accompanying this Bid shall become due and payable to the City.

If the Bidder enters into the Contract in accordance with this Bid, or if this Bid is rejected, then the accompanying check or Bid Bond shall be returned to the Bidder.

In submitting this Bid, it is understood that the right is reserved by the City to accept any Bid, to reject any or all Bids, to waive irregularities and/or informalities in any Bid, and to make the award in any manner the City believes to be in its best interest.

SIGNED THIS 2 DAY OF June, 202<sup>2</sup>.

Monroe Plumbing & Heating Co.


Bidder's Name

506 Cooper St., Monroe, MI 48161

Official Address

734-241-4277

Telephone Number



Authorized Signature of Bidder

Joseph Theisen

(Print Name of Signer Above)

benv@monroeplumbing.com

Email Address for Award Notice



**ATTACHMENT C**  
**LEGAL STATUS OF BIDDER**

(The bidder shall fill out the appropriate form and strike out the other three.)

Bidder declares that it is:

\* A corporation organized and doing business under the laws of the State of Michigan \_\_\_\_\_, for whom Joseph Theisen \_\_\_\_\_, bearing the office title of Vice President \_\_\_\_\_, whose signature is affixed to this Bid, is authorized to execute contracts.

NOTE: If not incorporated in Michigan, please attach the corporation's Certificate of Authority

◦ A limited liability company doing business under the laws of the State of \_\_\_\_\_, whom \_\_\_\_\_ bearing the title of \_\_\_\_\_ whose signature is affixed to this proposal, is authorized to execute contract on behalf of the LLC.

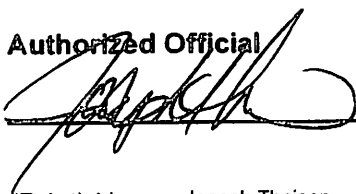
\* A partnership, organized under the laws of the state of \_\_\_\_\_ and filed in the county of \_\_\_\_\_, whose members are (list all members and the street and mailing address of each) (attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* An individual, whose signature with address, is affixed to this Bid:

  
(initial here)

Authorized Official



Date June 2, 2022

(Print) Name Joseph Theisen

Title Vice President

Company:

Monroe Plumbing & Heating Co.

Address:

506 Cooper Street, Monroe, MI 48161

Contact Phone ( ) 734-241-4277

Fax ( ) 734-241-3602

Email benv@monroepumbing.com

**ATTACHMENT D**  
**PREVAILING WAGE DECLARATION OF COMPLIANCE**

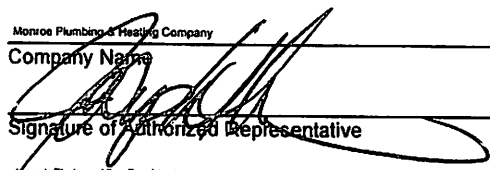
The "wage and employment requirements" of Section 1:320 of Chapter 14 of Title I of the Ann Arbor City Code mandates that the city not enter any contract, understanding or other arrangement for a public improvement for or on behalf of the city unless the contract provides that all craftsmen, mechanics and laborers employed directly on the site in connection with said improvements, including said employees of subcontractors, shall receive the prevailing wage for the corresponding classes of craftsmen, mechanics and laborers, as determined by statistics for the Ann Arbor area compiled by the United States Department of Labor. Where the contract and the Ann Arbor City Code are silent as to definitions of terms required in determining contract compliance with regard to prevailing wages, the definitions provided in the Davis-Bacon Act as amended (40 U.S.C. 278-a to 276-a-7) for the terms shall be used. Further, to the extent that any employees of the contractor providing services under this contract are not part of the class of craftsmen, mechanics and laborers who receive a prevailing wage in conformance with section 1:320 of Chapter 14 of Title I of the Code of the City of Ann Arbor, employees shall be paid a prescribed minimum level of compensation (i.e. Living Wage) for the time those employees perform work on the contract in conformance with section 1:815 of Chapter 23 of Title I of the Code of the City of Ann Arbor.

At the request of the city, any contractor or subcontractor shall provide satisfactory proof of compliance with this provision.

The Contractor agrees:

- (a) To pay each of its employees whose wage level is required to comply with federal, state or local prevailing wage law, for work covered or funded by this contract with the City,
- (b) To require each subcontractor performing work covered or funded by this contract with the City to pay each of its employees the applicable prescribed wage level under the conditions stated in subsection (a) or (b) above.
- (c) To provide to the City payroll records or other documentation within ten (10) business days from the receipt of a request by the City.
- (d) To permit access to work sites to City representatives for the purposes of monitoring compliance, and investigating complaints or non-compliance.

The undersigned states that he/she has the requisite authority to act on behalf of his/her employer in these matters and has offered to provide the services in accordance with the terms of the wage and employment provisions of the Chapter 14 of the Ann Arbor City Code. The undersigned certifies that he/she has read and is familiar with the terms of Section 1:320 of Chapter 14 of the Ann Arbor City Code and by executing this Declaration of Compliance obligates his/her employer and any subcontractor employed by it to perform work on the contract to the wage and employment requirements stated herein. The undersigned further acknowledges and agrees that if it is found to be in violation of the wage and employment requirements of Section 1:320 of the Chapter 14 of the Ann Arbor City Code it shall have been deemed a material breach of the terms of the contract and grounds for termination of same by the City.

Monroe Plumbing & Heating Company  
Company Name  
  
Signature of Authorized Representative  
6/2/22  
Date  
Joseph Theisen, Vice President  
Print Name and Title  
506 Cooper Street, Monroe, MI 48161  
Address, City, State, Zip  
734-241-4277/berw@monroepumbing.com  
Phone/Email address

Questions about this form? Contact Procurement Office City of Ann Arbor Phone: 734/794-6500

**ATTACHMENT E**

**LIVING WAGE ORDINANCE DECLARATION OF COMPLIANCE**

The Ann Arbor Living Wage Ordinance (Section 1:811-1:821 of Chapter 23 of Title I of the Code) requires that an employer who is (a) a contractor providing services to or for the City for a value greater than \$10,000 for any twelve-month contract term, or (b) a recipient of federal, state, or local grant funding administered by the City for a value greater than \$10,000, or (c) a recipient of financial assistance awarded by the City for a value greater than \$10,000, shall pay its employees a prescribed minimum level of compensation (i.e., Living Wage) for the time those employees perform work on the contract or in connection with the grant or financial assistance. The Living Wage must be paid to these employees for the length of the contract/program.

*Companies employing fewer than 5 persons and non-profits employing fewer than 10 persons are exempt from compliance with the Living Wage Ordinance. If this exemption applies to your company/non-profit agency please check here  No. of employees\_\_*

The Contractor or Grantee agrees:

- (a) To pay each of its employees whose wage level is not required to comply with federal, state or local prevailing wage law, for work covered or funded by a contract with or grant from the City, no less than the Living Wage. The current Living Wage is defined as \$14.82/hour for those employers that provide employee health care (as defined in the Ordinance at Section 1:815 Sec. 1 (a)), or no less than \$16.52/hour for those employers that do not provide health care. The Contractor or Grantor understands that the Living Wage is adjusted and established annually on April 30 in accordance with the Ordinance and covered employers shall be required to pay the adjusted amount thereafter to be in compliance with Section 1:815(3).

**Check the applicable box below which applies to your workforce**

Employees who are assigned to any covered City contract/grant will be paid at or above the applicable living wage without health benefits

Employees who are assigned to any covered City contract/grant will be paid at or above the applicable living wage with health benefits

- (b) To post a notice approved by the City regarding the applicability of the Living Wage Ordinance in every work place or other location in which employees or other persons contracting for employment are working.
- (c) To provide to the City payroll records or other documentation within ten (10) business days from the receipt of a request by the City.
- (d) To permit access to work sites to City representatives for the purposes of monitoring compliance, and investigating complaints or non-compliance.
- (e) To take no action that would reduce the compensation, wages, fringe benefits, or leave available to any employee covered by the Living Wage Ordinance or any person contracted for employment and covered by the Living Wage Ordinance in order to pay the living wage required by the Living Wage Ordinance.

The undersigned states that he/she has the requisite authority to act on behalf of his/her employer in these matters and has offered to provide the services or agrees to accept financial assistance in accordance with the terms of the Living Wage Ordinance. The undersigned certifies that he/she has read and is familiar with the terms of the Living Wage Ordinance, obligates the Employer/Grantee to those terms and acknowledges that if his/her employer is found to be in violation of Ordinance it may be subject to civil penalties and termination of the awarded contract or grant of financial assistance.

**Monroe Plumbing & Heating Co.**

Company Name

Signature of Authorized Representative

6/2/22

Date

**Joseph Theisen, Vice President**

Print Name and Title

**506 Cooper Street**

Street Address

**Monroe, MI 48161**

City, State, Zip

**734-241-4277/benv@monroeplumbing.com**

Phone/Email address

## Attachment F

# CITY OF ANN ARBOR LIVING WAGE ORDINANCE

RATE EFFECTIVE APRIL 30, 2022 - ENDING APRIL 29, 2023

**\$14.82** per hour

If the employer provides health care benefits\*

**\$16.52** per hour

If the employer does NOT provide health care benefits\*

Employers providing services to or for the City of Ann Arbor or recipients of grants or financial assistance from the City of Ann Arbor for a value of more than \$10,000 in a twelve-month period of time must pay those employees performing work on a City of Ann Arbor contract or grant, the above living wage.

## ENFORCEMENT

The City of Ann Arbor may recover back wages either administratively or through court action for the employees that have been underpaid in violation of the law. Persons denied payment of the living wage have the right to bring a civil action for damages in addition to any action taken by the City.

Violation of this Ordinance is punishable by fines of not more than \$500/violation plus costs, with each day being considered a separate violation. Additionally, the City of Ann Arbor has the right to modify, terminate, cancel or suspend a contract in the event of a violation of the Ordinance.

\* Health Care benefits include those paid for by the employer or making an employer contribution toward the purchase of health care. The employee contribution must not exceed \$.50 an hour for an average work week; and the employer cost or contribution must equal no less than \$1/hr for the average work week.

**The Law Requires Employers to Display This Poster Where Employees Can Readily See It.**

**For Additional Information or to File a Complaint contact  
Colin Spencer at 734/794-6500 or [cspencer@a2gov.org](mailto:cspencer@a2gov.org)**



**ATTACHEMENT G**

**Vendor Conflict of Interest Disclosure Form**

All vendors interested in conducting business with the City of Ann Arbor must complete and return the Vendor Conflict of Interest Disclosure Form in order to be eligible to be awarded a contract. Please note that all vendors are subject to comply with the City of Ann Arbor's conflict of interest policies as stated within the certification section below.

If a vendor has a relationship with a City of Ann Arbor official or employee, an immediate family member of a City of Ann Arbor official or employee, the vendor shall disclose the information required below.

1. No City official or employee or City employee's immediate family member has an ownership interest in vendor's company or is deriving personal financial gain from this contract.
2. No retired or separated City official or employee who has been retired or separated from the City for less than one (1) year has an ownership interest in vendor's Company.
3. No City employee is contemporaneously employed or prospectively to be employed with the vendor.
4. Vendor hereby declares it has not and will not provide gifts or hospitality of any dollar value or any other gratuities to any City employee or elected official to obtain or maintain a contract.
5. Please note any exceptions below:

Conflict of Interest Disclosure*	
Name of City of Ann Arbor employees, elected officials or immediate family members with whom there may be a potential conflict of interest.	<input type="checkbox"/> Relationship to employee
	<input type="checkbox"/> Interest in vendor's company
	<input type="checkbox"/> Other (please describe in box below)

\*Disclosing a potential conflict of interest does not disqualify vendors. In the event vendors do not disclose potential conflicts of interest and they are detected by the City, vendor will be exempt from doing business with the City.

<b>I certify that this Conflict of Interest Disclosure has been examined by me and that its contents are true and correct to my knowledge and belief and I have the authority to so certify on behalf of the Vendor by my signature below:</b>		
Monroe Plumbing & Heating Co.	734-241-4277	
Vendor Name	Vendor Phone Number	
	6/2/22	Joseph Theisen
Signature of Vendor Authorized Representative	Date	Printed Name of Vendor Authorized Representative

Questions about this form? Contact Procurement Office City of Ann Arbor Phone: 734/794-6500, procurement@a2gov.org

# ATTACHMENT H

## DECLARATION OF COMPLIANCE

### Non-Discrimination Ordinance

The "non discrimination by city contractors" provision of the City of Ann Arbor Non-Discrimination Ordinance (Ann Arbor City Code Chapter 112, Section 9:158) requires all contractors proposing to do business with the City to treat employees in a manner which provides equal employment opportunity and does not discriminate against any of their employees, any City employee working with them, or any applicant for employment on the basis of actual or perceived age, arrest record, color, disability, educational association, familial status, family responsibilities, gender expression, gender identity, genetic information, height, HIV status, marital status, national origin, political beliefs, race, religion, sex, sexual orientation, source of income, veteran status, victim of domestic violence or stalking, or weight. It also requires that the contractors include a similar provision in all subcontracts that they execute for City work or programs.

In addition the City Non-Discrimination Ordinance requires that all contractors proposing to do business with the City of Ann Arbor must satisfy the contract compliance administrative policy adopted by the City Administrator. A copy of that policy may be obtained from the Purchasing Manager

The Contractor agrees:

- (a) To comply with the terms of the City of Ann Arbor's Non-Discrimination Ordinance and contract compliance administrative policy, including but not limited to an acceptable affirmative action program if applicable.
- (b) To post the City of Ann Arbor's Non-Discrimination Ordinance Notice in every work place or other location in which employees or other persons are contracted to provide services under a contract with the City.
- (c) To provide documentation within the specified time frame in connection with any workforce verification, compliance review or complaint investigation.
- (d) To permit access to employees and work sites to City representatives for the purposes of monitoring compliance, or investigating complaints of non-compliance.

The undersigned states that he/she has the requisite authority to act on behalf of his/her employer in these matters and has offered to provide the services in accordance with the terms of the Ann Arbor Non-Discrimination Ordinance. The undersigned certifies that he/she has read and is familiar with the terms of the Non-Discrimination Ordinance, obligates the Contractor to those terms and acknowledges that if his/her employer is found to be in violation of Ordinance it may be subject to civil penalties and termination of the awarded contract.

**Monroe Plumbing & Heating Company**

Company Name

Signature of Authorized Representative

6/2/22

Date

**Joseph Theisen, Vice President**

Print Name and Title

**506 Cooper Street, Monroe, MI 48161**

Address, City, State, Zip

**734-241-4277/benv@monroeplumbing.com**

Phone/Email Address

**Questions about the Notice or the City Administrative Policy, Please contact:  
Procurement Office of the City of Ann Arbor  
(734) 794-6500**