COVER LETTER – Thaddeus Stevens College – New Multipurpose/Dorm Building

DGS C-0417-0048 Phase 1

COMPANY NAME: Matchline Mechanical

COMPANY MAILING ADDRESS: Matchline Mechanical
901 Dawn Avenue, Suite E
Ephrata, PA 17522

CONTACT PERSON: Michael L. Minnich

CONTACT PERSON'S PHONE NUMBER AND EMAIL ADDRESS:

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TECHNICAL SUBMITTAL

Thaddeus Stevens College – New Multipurpose/Dorm Building

Lancaster, Pennsylvania

T-1A Introduction to the Project Team

Matchline Project Team

Matchline Mechanical is committed to providing personnel with the correct level of experience and positive mindset to successfully complete this project. Matchline Mechanical is considered the sister company to Midline Mechanical (thereby, the "brother" company). Since these two companies share common ownership, office staff, project management and field personnel, the project experiences are thereby shared. The Matchline Mechanical Project Team for this project consists of a few key individuals, several of which have many years of experience in the industry and with projects of this magnitude. Dan Foresman and Mike Minnich are majority owners of Matchline Mechanical (as well as Midline Mechanical, a brother company) and bring a combined 62 years of applicable trade experience to the project. Mike and Dan will oversee the project from a high level and will have direct and daily correspondence with the Project Manager. Mike and Dan's primary functions will be (but not be limited to): act as the primary procurers for the subcontractors, materials, equipment, etc needed for this project, assist in submittal preparation/cursory review, oversee the coordination drawing process, and maintain involvement throughout the project via daily correspondence with the Project Manager. Mike Minnich will serve as overall Project Manager for this project. Mike's primary functions will be to assist in procurement, obtain/check/submit/track submittals, develop Matchline's input for the project schedule, attend project meetings, oversee/manage subcontractors, schedule release dates, deliveries, etc., and maintain involvement via daily correspondence with the Project Superintendent as well as frequent site visits. Serving the function of Project Superintendent will be Rick Campbell. Rick possesses over 25 years of applicable superintendent-level experience and 38 years overall trade experience. Rick's primary tasks include (but not limited to): perform and/or oversee the daily operations on the project site, coordinate our efforts with those of the other trades, coordinate and oversee the work/actions of our subcontractors, identify construction issues that may arise, and in general act as the eyes and ears for upper management on a daily

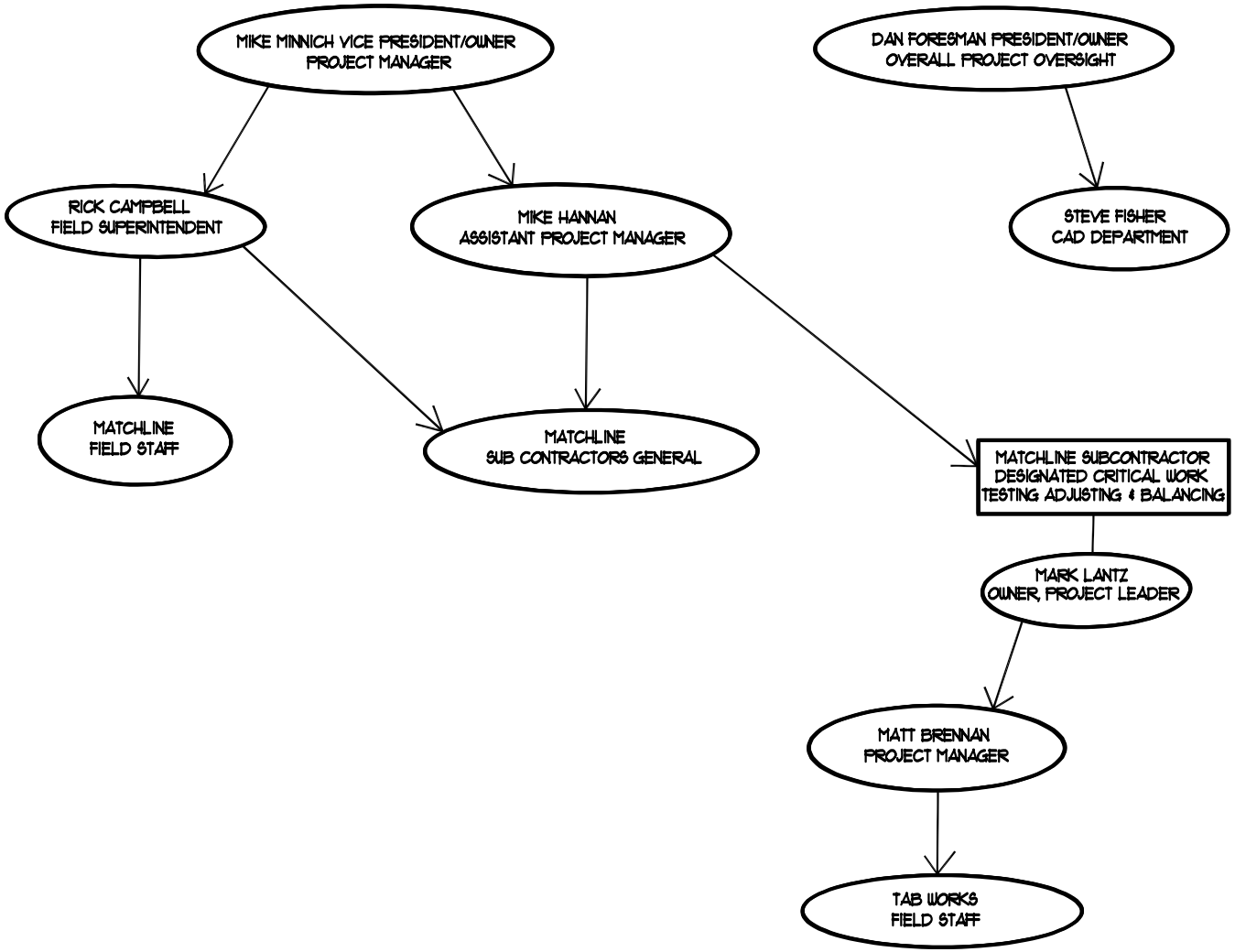
basis. Rounding out our team will be a group of professional tradesmen skilled in the crafts necessary for successful project completion.

Based on Section T-1C of the RFP, testing, adjusting and balancing (TAB) is the critical work element for this project as it relates to the HVAC contract. The major subcontractor role for this work is primarily responsible for the final balancing (proper flow of HVAC air/fluid) of the HVAC systems. For this project, we will enter into subcontract with TAB Works, Inc. This is a local firm that has all necessary certifications and has proven to be very responsive and thorough in the past. Leading the TAB Works team with higher-level oversight will be Mark Lantz, an owner who possesses over 22 years of experience in the balancing industry. Mark will be responsible for review of contract documents/submittals, development of the TAB plan, payroll/HR and other day-to-day operations. Serving as Project Manager will be Matthew Brennan, who possesses over 22 years of experience in the balancing industry. Matt will be responsible for oversight and coordination of field work, as well as data management and compilation of the final balancing report. In addition to common TAB certifications, Matt also maintains a NEBB certification for Professional HVAC Buildings System Commissioning. Since the TAB agency is required to work closely with the DGS Commissioning Agent (CX), this certification is a benefit to the project. The TAB Works team is rounded out by NEBB-certified field personnel with significant field experience.

While not a formally listed critical work element, we feel that building automation, or ATC work, is important. For this work, we have opted to utilize the services of either NRG Controls or Johnson Controls. Both are prominent ATC subcontractors who have current experience with buildings on the Thaddeus Stevens campus. We have worked well with both companies in the past on a variety of projects, and we are confident that they will be able to service this project to the highest level.

Matchline's remaining team of subcontractors, such as insulation, craning, chemical water treatment, etc. will be entities with which we have worked extensively in the past. We have only solicited and accepted quotes from subcontractors who have proven to have a good understanding of this project.

MATCHLINE TEAM ORGANIZATION CHART



History of Working Relationships with Critical Work Firms

There is (1) item listed for mechanical designated critical work, which as previously mentioned is testing, adjusting and balancing (TAB). We have worked well with TAB Works, Inc. on many past projects, most of which were in the K-12 educational building segment. We are currently working with TAB Works on a large DGS project, which is the PA State Police Academy and BESO project. Although final balancing has yet to commence due to project schedule, TAB Works has performed a variety of required duct pressure tests on that project. Based on our past and current relationship with TAB Works, we fully expect our relationship to remain strong throughout this project.

Understanding of Services and Materials for this Project

Matchline has reviewed the Contract Documents and we are certain that we have a full understanding of our work tasks and specified materials. In general terms for materials, such as for major equipment (RTUs and MAUs), we hereby commit to providing basis of design (BOD) equipment. Using BOD equipment for the major HVAC equipment often minimizes issues with performance and/or spatial issues. For other equipment and materials, Matchline fully understands the requirements for ST-form compliance for applicable items. In terms of demolition, the .2 scope is relatively limited to removal of a few wall fans at the Schwalm Student Center. Matchline will cut/cap/make safe any other related HVAC items. The majority of the .2 contract is new construction. Main systems are air handling units with DX cooling/gas heat, mainly distributed and controlled via use of VAV boxes.

In terms of the overall scope of services for this project, Matchline will be responsible for all common HVAC installations, equipment, controls, balancing, etc. in accordance with the project specifications and as follows:

Matchline's initial off-site work will consist of the normal submittals/procurement and coordination drawing process. Matchline will provide a submittal register spreadsheet to the Professional to assist with the construction of the submittal register within e-builder. During this early phase, Matchline will also provide our schedule input (with submittals, procurement and milestones) to the .1 GC to assist with their work on the baseline schedule. Submittals are typically completed in an order related to the lead time of the equipment in relation to the

estimated time of the equipment's necessity. Based on current lead times from the BOD equipment vendor, the longest equipment lead time for this project is 17 weeks. Based on the fact that this is new construction, there is more than adequate time to allow for submittals and equipment manufacture without affecting the project schedule.

The initial on-site work element for Matchline will be to perform the site utility relocations shown on mechanical site plans HS0.0 and 1.0. In general, this work consists of underground steam/steam condensate, and underground natural gas pipe relocations. Matchline will plan this work to coordinate with that of the other prime contractors, as well as the needs of the Owner.

As the building structure progresses, Matchline personnel will be on-site to coordinate openings/penetrations with other prime contractors and their subcontractors. This project consists of (1) structure, but it presents itself in (2) distinct parts: The kitchen/dining areas of the basement and 1st floor, and the dorm rooms on the 2nd, 3rd and 4th floors. The kitchen/dining areas in the basement level and 1st floor are dominated by food preparation, serving and dining areas. Individual rooms are served via VAVs, and there are common HVAC units and exhaust fans for the kitchen hoods. These areas are served mainly by (3) outdoor RTUs with DX cooling/gas heat. There are (2) gas-fired boilers in the basement that are primarily used for the HW coils of the VAVs. The dorm rooms on 2nd, 3rd and 4th floors are essentially identical in layout and HVAC equipment, with each room served it's conditioned fresh air via VAV box. Plenum return is utilized, and the air handlers serving these floors are located on the roof. The VAV systems are commonplace and present no specific installation challenges. Craning/setting of the rooftop RTUs will require coordination with local entities and the other prime contractors.

Matchline's HVAC duct, pipe and equipment rough-ins will progress symbiotically with the general construction progress. Matchline and its applicable subcontractors will coordinate as necessary with other trade personnel to provide integration for items of other trades. Likewise, the Matchline team will be sure to have equipment/materials on-site congruent with the baseline schedule. Throughout the construction, Matchline (and, by extension, its subcontractors) will work closely with the commissioning agent, DGS and the professional to ensure that all installations are as specified. Towards the end of the project, Matchline is familiar with the close-out procedures such as record drawings (as-builts) and owner training.

In conclusion, Matchline has reviewed all Plans, Specifications and Addenda for this project and we feel that our price proposal associated with this technical proposal fully encompasses the work to be performed for the .2 HVAC Contract.

Experience with Dormitory Heating and Cooling Controls

Matchline has significant experience in working with building heating and cooling controls. Matchline typically performs HVAC work on K-12, university and select government buildings. Without exception, controls work is part of every project that we do. On most projects, the controls work falls under our scope of work. Regardless of whether the controls contractor is a subcontractor to us or if they are a prime contractor, Matchline is very familiar with heating and cooling controls. Likewise, the (two) candidates for our ATC subcontractor (NRG Controls or JCI Controls) are also very familiar with dormitory heating and cooling systems. The basic heating/cooling systems for the dorm rooms on 2nd, 3rd and 4th floors are VAV air handling units (DX cooling/gas-fired heating) with HW coil VAVs in each space. This is a very common arrangement and one that both Matchline and our selected ATC subcontractor are familiar with. In general terms, the fans of the air handling units vary speed to maintain a desired duct pressure setpoint. This duct pressure changes in response to VAV's opening and closing to varying degrees. Space temperature/humidity is controlled via interaction with the air handling unit, the VAV damper and the HW ATC control valve. As both of our potential ATC subcontractors are present on this campus as well as many others, they have vast experience with dormitory heating and cooling controls.

Experience with Testing, Adjusting and Balancing of Building Systems

Similar to ATC controls, Testing, Adjusting and Balancing (TAB) is part of every Matchline project without exception. Therefore, we have significant experience with the TAB effort. As mentioned elsewhere, the primary air distribution systems for this project are VAV systems. Our selected TAB agency, TAB Works, Inc., is very familiar with these systems. For Matchline's part, we perform our installations to the highest quality level. In terms of TAB work, this ensures clean, air-free hydronic pipes/strainers for accurate water balancing and properly sealed ductwork for accurate, energy-efficient air balancing. For this type of system, the TAB agency typically works with the ATC subcontractor to calibrate the VAVs/air handler fan speed to

achieve the desired min/max airflow. Matchline and TAB Works understand the need to perform peak alternate season testing/confirmation, depending on when the project was officially turned over to the Client Agency. Since the temperature and humidity of the dorm rooms and most other rooms of the proposed building are largely influenced by the VAV airflow, accuracy of this calibration is of utmost importance to occupant comfort. We feel that the Matchline/TAB Works team has the experience necessary to deliver a properly functioning, properly balanced system to the Owner/Client Agency.

Experience with Tying in Kitchen Exhaust into Multiuse Building

As mentioned, Matchline performs projects for the K-12, university and select government buildings. As such, kitchens of various sizes/arrangements are part of essentially every project we do. Matchline has experience with a variety of exhaust systems, such as welded carbon steel, stainless steel and factory fabricated duct systems. Matchline is familiar with the interplay between the HVAC equipment (MAU/Exhaust Fans) and hood control systems. The (3) systems present here are direct-fired gas makeup air units (MAUs) feeding makeup air to the hoods, and individual wall-mounted exhaust fans and duct trunks for each hood. Per Addendum #6, there are select portions of the food service equipment ducts/tie-ins that are not to be part of the .2 scope of work. The "grease duct" referenced in Specification 114000, 5.12 would essentially be the duct runs between the hood and the exhaust fans. Matchline will coordinate our work with that of the contractor procured by the .1 GC to perform the work listed within this section. For any special ductwork (grease duct/dishwasher duct) required to be installed by Matchline, we are familiar with all nuances of installation requirements and subsequent testing/sign-off by the AHJ. Likewise, our TAB agency subcontractor will work with the entity performing this work to ensure that overall building pressurization is in accordance with the specifications.

T-1B Prime Contractor: Qualifications, Experience and Past Performance

As detailed in section T-1A above, the majority owners of Matchline Mechanical possess approximately 62 years of combined industry experience. Both owners started their careers in the field and worked their way up through the various positions, thereby gaining first-hand experience in the overall workings of a mechanical contracting firm. Dan created Matchline Mechanical in 2008 and Midline Mechanical (a "sister" company) in 2011, and both are among

the most well-respected mechanical contractors in central Pennsylvania. Dan has worked on many large projects throughout his career prior to starting the aforementioned companies. As both companies continue to enjoy controlled growth, the overall size of projects has likewise grown. Due to our excellent track record and reputation, our bonding company continues to increase our available line and has pre-approved us for this project. Between the companies, we have successfully completed many projects. Of note are the Forum Building (DGS renovation project located in Harrisburg, PA with an approximate HVAC cost of $14M) and Waller Administration Building (DGS project located at Bloomsburg University, PA with an approximate HVAC budget of $7M). We are currently working on the PA State Police Academy and BESO, a large DGS project located in Hershey, PA. Matchline and Midline function as sibling companies, in that equipment, employees and other resources are shared between the companies. This symbiosis allows us to better react to situations as they arise by diverting the appropriate resources where needed. Matchline only subcontracts for the necessary work, such as duct fabrication, insulation, ATC and testing & balancing. We roughly estimate that 75% of the total labor effort for this project will be conducted by our in-house personnel. The subcontractors utilized by us will be entities with which we have worked in the past, and who we know will provide the level of expertise required for the Multipurpose/Dorm building project.

Matchline Mechanical strives to be the best mechanical contractor available. The owners instill this desire in each and every employee within our company, as well as subcontractor personnel. We feel that when a subcontractor is on a site working for us, they act as an extension of Matchline and therefore they should conduct business as we would.

Compliance with Plans and Specifications

For Matchline, a successful project begins with examining the project plans and specifications. Through this process, the owners and project manager spend adequate time reviewing these contract documents, as well as staying abreast of any and all addenda. If there are any ambiguous items in the Plans and/or Specifications, we are sure to issue the necessary RFI's during the pre-bid period. Since we make this extra effort on the front end of a project, we feel that our cost proposal is accurate and fully encompasses the required work. Therefore, we feel that we are often better equipped to perform the work with few to any change orders. We are well known by various central Pennsylvanian architects and engineers as a company that does

not initiate many if any change orders. We are familiar with the DGS process for change orders in e-builder. If a change order becomes necessary, we are sure to include all necessary documentation for the Professional to review. After award, we thoroughly review submittal data to ensure that our subcontractors and equipment vendors are in compliance with the Plans and Specifications. During construction, our field superintendent constantly reviews our ongoing installations to ensure compliance with the plans, specifications and all current sketches issued in RFI's. The owners of Matchline make monthly site visits to add another set of eyes to the work we are producing.

Quality of Workmanship

The Owners and project managers of Matchline take a very personal approach to our quality of workmanship. We feel that any deficient item is a direct reflection on us, and we make every effort to create a learning experience for our field staff to ensure the deficiency does not occur again. Our field superintendents share this same philosophy, and they act as our on-site eyes and ears on a daily basis. Our field superintendents also monitor and document any and all necessary testing, such as duct and pipe pressure tests. Since subcontractor work is part of our work, Matchline only uses reputable subcontractors that are known to have performed well in the past. All of this is not to say we are perfect. We do, however, pride ourselves on correcting deficiencies as soon as they are brought to our attention. We also strive to address any warranty issues in a timely manner. Due to our past DGS projects, we are very familiar and comfortable with the punch list process in e-builder. On our projects, our punch lists are often very short which is indicative of our quality of workmanship. Similarly, we strive to address any items on the commissioning issue log so there are no lingering issues at the end of the project.

Schedule Compliance/Schedule Performance

Matchline believes that the project schedule is a very important tool that in essence creates goals that need to be achieved. We make a considerable effort to provide accurate duration and predecessor/dependent information for our tasks (as well as those of our subcontractors) to the .1 General Contractor for inclusion into the baseline project schedule. Within this input, we also incorporate submittals and current equipment lead times. Upon receipt of the draft baseline schedule, we review our tasks as well as the timing of other tasks to uncover any obvious out of

sequence work. Upon the .1 General Contractor correcting all issues, we provide a sign-off on the schedule and base our labor and equipment releases on the data therein. Throughout the project, Matchline participates in the monthly updates and will take action on the monthly schedule submission updates in e-builder as required of the .1 General Contractor. Matchline and its subcontractors are committed to providing adequate personnel and working overtime, as necessary, to maintain the project schedule.

Cost-Control and Project Budget Management

Matchline project managers are responsible for our internal cost-control and project budget management. The project manager creates the schedule of values for review and subsequent creation in e-builder. Since our cost proposal to DGS is not variable throughout the project duration, our exact methods of cost-control are non-germane. However, Matchline project managers review and approve all invoices related to their projects. We perform monthly WIP reports to keep close track of both overall project and line-item project costs. The project managers are responsible for keeping track of the SDB/VBE participations that are submitted with the pay applications.

Reputation for Reasonable and Cooperative Behavior and Commitment to Customer Satisfaction

The Matchline philosophy is to be the best mechanical contractors available. We are often approached by Architects and Engineers who inform us of projects purely because they want us on their projects. We take a very serious interest in the level of cooperation that our field staff provides to the Owner and Professional. If there are differences of opinion regarding the project documents, we try our best to resolve the issue in the most agreeable manner possible. If there are genuine changes to the project, we provide honest change order costs. This method of operation has served us very well on past DGS project and other projects, and we fully intend to maintain this course of action. We do not have access to our reviews/evaluations performed by DGS staff on our other projects, but we are certain they are all positive.

Financial Stability

Both Matchline and sister company Midline have achieved slow, steady financial growth since inception. This slow, steady growth is completely by design. We have been able to add key

personnel and take on more and/or larger projects at a controlled rate. Due to our performance and our financial stability, we have no issue providing bonding for projects of this size or larger. Our financial stability also allows us to pay our vendors/subcontractors in a timely manner.

Compliance with Applicable Safety Laws and Policies

Matchline strives to comply with all safety laws and policies that apply to our work. We also train our project managers and by extension our field staff to be vigilant of any safety concerns on or around the jobsites. Matchline performs weekly toolbox safety talks and keeps these on record in our office. In general, Matchline remains in full compliance with all applicable OSHA regulations.

Compliance with Prevailing Wage Act

Since Matchline only performs work on public (prevailing rate) projects, we are intimately familiar with prevailing wage rates, certified payroll, apprenticeships, etc. We hereby confirm that our labor and that of any subcontractor will be in accordance with the wage determination specific to this project. We make sure all subcontractors are knowledgeable of prevailing wage requirements and reporting, and we closely monitor the certified payrolls submitted via our subcontractors and submit all certified payroll to the proper entities in a timely manner. Our office staff is familiar with the requirements for uploading certified payroll records to the proper entity and/or e-builder for DGS projects.

Compliance with prompt payment laws and policies

Our company also enjoys a well-deserved reputation among subcontractors and suppliers as a company that pays invoices in a timely manner. We observe strict adherence to a net 30 policy, unless more stringent requirements are initiated by a subcontractor/vendor. In doing this, we have very good relations with all subcontractors and/or suppliers. While this is a good situation from a company standpoint, it can also be an aid to a project where special circumstances occur and we need subcontractor/supplier support above and beyond the norm. Matchline has never been in violation of any prompt payment law/policy.

Compliance with other applicable laws and regulations

Matchline is in full compliance with all applicable laws and regulations related to the work we perform.

APPENDIX F

PRIME CONTRACTOR QUALIFICATION STATEMENT

COVER SHEET

DGS Project Name Thaddeus Stevens College - New Multipurpose/Dorm Building

DGS Project Number DGS C-0417-0048 Phase 1

Check One:

X Corporation,

__Partnership,

__Individual,

__Joint Venture,

__Other _____

Name of Firm Matchline Mechanical

Address 901 Dawn Avenue, Suite E, Ephrata, PA 17522

Principal Office (same as above)

Owner or Authorized Representative Michael L. Minnich (Vice President)

SECTION 1 – INFORMATION ON FIRM

1.1 Background Information

a) How many years has the firm been in business? 17

b) How many years has the firm been doing business in the proposed contract field? 17

Under what former names has the firm conducted business?
none

c) Provide an **Attachment 1** to this Qualifications Statement identifying all jurisdictions in which the firm is licensed or otherwise qualified to do business. List and provide copies of any business or trade licenses, certificates or registrations (to the extent that they apply to the Contract Work) held by the firm.
Matchline Mechanical can provide HVAC work in Pennsylvania. No special HVAC license is required.

d) If the firm is a corporation, provide the following information:

Date of incorporation 4/2008

State of incorporation Pennsylvania

President's name Daniel L. Foresman

Vice President's name(s) Michael L. Minnich

Secretary's name N/A

Treasurer's name N/A

e) If the firm is a partnership, provide the following information:

Date of formation

Type of partnership

Names of partners

f) If the firm is individually owned, provide the following information:

Date of formation

Name of owner

g) If the form of the firm is other than those listed above, describe it and name the principals:

SECTION 2 - EXPERIENCE AND PERFORMANCE

2.1 General

a) Provide the annual construction volume in dollars completed by the firm in the past three years:

Year 2025 $47,550,000

Year 2024 $38,900,000

Year 2023 $34,600,000

b) Identify the percentage of work on similar projects the firm typically performs with its own work force 30%

c) List the categories of work that the firm normally performs with its own forces on similar projects.
HVAC Ductwork Installation labor, HVAC piping (hydronic) installation labor, HVAC refrigeration piping installation labor

2.2 Project Experience and References

Submit as **Attachment 2** to this Qualifications Statement:

a) Suggested number of Sheets/Pages:

- 3 sheets/(6 pages)

Three (3) detailed project descriptions for relevant projects that are similar in size and scope to the Contract Work. The project descriptions shall include, at a minimum, the following information presented in the order listed below:

i. Name of project, type of project and location

ii. Description of the project and relevance of work to the Contract Work

iii. Contact information for an owner representative familiar with the firm's work performed on this project. Include name, address, telephone number(s) and e-mail address.

iv. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.

v. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.

vi. As available, performance ratings of the work evaluated by owner or owner's representative.

2.3 Contractor Safety Record

Submit as **Attachment 3** to this Qualifications Statement the information specified herein and verify this information by providing copies of OSHA 300/200 Forms or appropriate documentation from insurance carriers, as applicable. The firm may submit written explanations to comment on or clarify its safety record.

a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:

Year 1:	2025	0.717
Year 2:	2024	0.762
Year 3:	2023	0.785

b) Provide the firm's Total Lost Workday Incidence Rate (LWDIR) for the past three years, beginning with the most recent year available:

Year 1:	2025	0
Year 2:	2024	0
Year 3:	2023	0

*LWDIR Rate = Number of Lost Time Injuries & Illnesses x 200,000 ÷ Total Hours Worked

c) Provide the firm's Recordable Incidence Rate (RIR) for the past three years:

Year 1:	2025	3.51
Year 2:	2024	4.85

Year 3: 2023 0

*RIR Rate = Number of Injuries x 200,000 ÷ Total Hours Worked

d) Provide in an **Attachment 4** to this Qualifications Statement a list of any health or safety citations issued by federal or state agencies for serious or willful violations issued in the past 3 years. Include a separate statement for any such violations and include the citation number, a brief description of the violation and the amount of penalty, if any, for each violation and current status of violation.

Attachment 4 - None

SECTION 3 - REQUIRED DISCLOSURES

The firm shall answer the following questions with regard to the past three (3) years. If any question is answered in the affirmative, the firm shall submit in an **Attachment 5** to this Qualifications Statement, for each affirmative answer, a written explanation which shall provide details concerning the matter in question, including applicable dates, locations, names of projects/project owners and current status of any such matter.

Attachment 5 - Not Required

3.1 Has the firm ever been debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes ___ No X

3.2 Is the firm currently or has the firm been otherwise prohibited from doing business with any federal, state or local government agency or private entity?

Yes ___ No X

3.3 Has the firm been denied prequalification (not including short listing), declared non-responsible, or otherwise declared ineligible to submit bids or proposals for work by any federal, state or local government agency or private entity?

Yes ___ No X

3.4 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?

Yes ___ No X

3.5 Has the firm been assessed or required to pay liquidated damages in connection with work performed on any project?

Yes ___ No X

3.6 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes ___ No X

3.7 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes ___ No X

3.8 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes ___ No X

3.9 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?

Yes ___ No X

*Note: information regarding health and safety violations is addressed in a previous section.

3.10 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?

Yes ___ No X__

3.11 Has the firm been the subject to any bankruptcy proceeding?

Yes ___ No X__

SECTION 4 - REQUIRED REPRESENTATIONS

In submitting this Qualifications Statement, along with the representations and authorizations listed on the Proposal Signature page and in the RFP, the firm also makes the following representations, which it understands are required as a condition of performing the Contract Work and receiving payment for same.

4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work.

4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.

4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.

4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.

4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.

4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.

4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

Project: Thaddeus Stevens College – New Multipurpose/Dorm Building

Project Number: DGS C-0417-0048 Phase 1

Appendix F

Attachment 1

Matchline Mechanical is qualified to perform HVAC installations and service in the Commonwealth of Pennsylvania. There are no special licenses required for this work in the Commonwealth of Pennsylvania.

Project: Thaddeus Stevens College – New Multipurpose/Dorm Building

Project Number: DGS C-0417-0048 Phase 1

Appendix F

Attachment 2

Project Name: Waller Administration Building, Bloomsburg University, PA

General Description: Medium-size project which included items such as chillers, VRF systems, VAVs, large AHU,s etc. in multi-story building.

Contact: DGS personnel related to this project (Ed Tycenski and Tom Flaim) have since retired. Please refer to any available evaluations by DGS personnel.

Original Price: $7,294,000 Final amount: $7,419,782

Original Completion date: August, 2020 Actual completion date: September 2020

Performance Ratings: Not available

Project Name: Forum Building, Harrisburg Pennsylvania

General Description: Large building project, renovation of (8) story building. Included elements such as demolition work, multiple chillers, chilled water lines, VAVsystems, VRF systems, large AHUs, protection of sensitive materials/records, working in/around historically significant woodwork, stone panels, etc.

Contact: William Hess, DGS, 1-717-836-4700, wihess@pa.gov (acting as PC during the project)

Original Price: $12,969,000 Final amount: $14,405,252

Original Completion date: January 13, 2023 Completion date: August, 2023

Performance Ratings: Not available

Project Name: PSP Academy and BESO, Hershey, Pennsylvania

General Description: Large DGS building project, new construction consisting of (4) buildings. Includes elements such as work on multi-story buildings, significant quantities of mechanical equipment, large AHUs, significant coordination with other trades.

Contact: William Hess, DGS, 1-717-836-4700, wihess@pa.gov

Tim Evans, DGS, PC, 1-717-448-0721, timevans@pa.gov

Original Price: $37,058,000 Final amount (current): $37,088,000

Original Completion date: June 17, 2028 Completion date: TBD, currently 50% complete

Performance Ratings: Not available

Attachment 3

30 S 17th Street, Suite 1500, Philadelphia PA 19103 | 215.568.2571 | www.pcrb.com

PCRB
PENNSYLVANIA
Compensation Rating Bureau

PA EXPERIENCE RATING MODIFICATION

File Number:	3237275	**County:**	Lancaster County
		Mailing Address:	901 Dawn Ave
Location:	1		Ephrata PA 17522
Issue Date:	09/06/2024	**Effective Term:**	01/01/2025 - 01/01/2026
Mod/Merit:	0.702 - Contingent		
Employer Name:	Matchline Mechanical		
Class Code:	0664		

Data History	Effective Date
0.702	01/01/2025
0.762	01/01/2024
Class Reviewed	04/01/2023
0.800	01/01/2023
0.785	01/01/2022
0.788	01/01/2021
0.756	01/01/2020
0.784	01/01/2019
0.791	01/01/2018
0.824	01/01/2017
0.822	01/01/2016
0.895	01/01/2015
1.193	01/01/2014
1.258	01/01/2013
1.070	01/01/2012
0.856	01/01/2011
0.856	06/01/2010
Not Qualified	06/01/2009

Class Code	Rating Value	Description	Location
0663	2.03	Plumbing	1
0664	2.09	Heating, Ventilating A/C Contractor	1
0822	0.05	Telecommuting Clerical Employees	1
0951	0.13	Salesperson Outside	1
0953	0.05	Office	1

OSHA's Form 300 (Rev. 04/2004)

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 25

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

Form approved OMB no. 1218-0176

Please 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.*
- *Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.*
- *Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.*

Reminders:

- *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.*
- *Feel free to use two lines for a single case if you need to.*
- *Complete the 5 steps for each case.*

Establishment name: Matchline Mechanical LLC

City: Ephrata   State: PA

Step 1. Identify the person			Step 2. Describe the case			Step 3. Classify the case (SELECT ONLY ONE circle based on the most serious outcome:)				Step 4. Enter the number of days the injured or ill worker was:		Step 5. Select one column:					
								Remained at Work					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)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
1	Michael Windon	Superintendent	3 / 19 month / day	South Western Job site	Cut 2 fingers on left hand while using a circular saw.	○	○	○	○	0 days	0 days	●	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
			/ month / day			○	○	○	○	days	days	○	○	○	○	○	○
					Page totals ▶	0	0	0	0	0	0	1	0	0	0	0	0
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

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

Add a Form Page

Public reporting burden for this collection of information is estimated to average 14 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.

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

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

Year 20 25

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	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	1	(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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name: Matchline Mechanical LLC

Street: 901 Dawn Ave. Ste E

City: Ephrata State: PA Zip: 17522

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

HVAC Construction

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

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

Annual average number of employees: 35

Total hours worked by all employees last year: 56,975.50

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive: _____ Title: _____

Phone: 717-721-3160 Date: 01.02.2026

Reset

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

Optional

Worksheet to Help You Fill Out the Summary

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.

At the end of the year, OSHA requires you to enter the average number of employees and the total hours your employees worked on the Summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page.

If you pay about the same number of employees every pay period throughout the year (e.g., about 100), then you can use that number as your annual average employment. If the number of employees fluctuates from pay period to pay period (e.g., your business is seasonal or your establishment grew or shrunk during the year), then you should use the formula below to calculate employment average.

How to figure the average number of employees who worked for your establishment during the year:

1. ***Add up*** and then enter the number of employees your establishment paid **IN EACH PAY PERIOD** during the year. Be sure to include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

   The total number of employees paid in all pay periods throughout the year = ① 35

2. ***Count*** and then enter the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees. For example, enter 26 if you have biweekly pay periods or 52 if you have weekly pay periods.

   The number of pay periods during the year = ② 52.00

3. ***Divide*** the number of employees by the number of pay periods. (See auto-calc.)

   ① 35 / ② 52 = ③ 0.67

4. ***Round the answer*** to the next highest whole number (See auto-calc.). Write the rounded number in the blank on the Summary page marked *Annual average number of employees.*

   The number rounded = ④ 1

For example, Acme Construction figured its average employment this way:

In this pay period . . .	Acme paid this many employees . . .	
1	10	
2	0	Number of employees paid = 830 ①
3	15	
4	30	Number of pay periods = 26 ②
5	40	830 ÷ 31.92 ③
▼	▼	26
24	20	
25	15	31.92 rounds to 32 ④
26	+10	
	830	32 is the annual average number of employees

Note: Review your annual average number of employees to ensure it makes sense. Is it about the same as the number of employees working at your establishment on any given day? Is it bigger than your smallest number of employees in a pay period? Is it smaller than your biggest number of employees in a pay period? If the answer to any of these questions is "no," then the calculation may be incorrect.

Note: You CANNOT divide the total number of W2s by the number of pay periods to calculate average employment. You must add up the number of employees paid **IN EACH PAY PERIOD** and then divide by the number of pay periods.

How to figure the total hours all employees worked:

Include hours worked by salaried, hourly, part-time, and seasonal workers, as well as hours worked by other workers subject to day-to-day supervision by your establishment (e.g., temporary help service workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid, or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

_____	***Find*** the number of full-time employees in your establishment for the year.
X_____	***Multiply*** by the number of work hours for a full-time employee in a year.
_____	This is the number of full-time hours worked.
+_____	***Add*** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).
0.00	***Round*** the answer to the next highest whole number. Write the rounded number in the blank on the Summary page marked *Total hours worked by all employees last year.*

Reset

OSHA's Form 301 (Rev. 04/2004)

Injury and Illness Incident Report

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.

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

Form approved OMB no. 1218-0176

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

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

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

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by: Faith Mendez

Title: Office Manager

Phone: 717-721-3160 Date: 03.19.2025 (Month Day Year)

Information about the employee

1) Full name: Michael Windon

2) Street: 2127 Craley Road

City: Windsor State: PA ZIP: 17366

3) Date of birth: 02.03.1965 (Month Day Year)

4) Date hired: 02.13.2017 (Month Day Year)

5) (•) Male ( ) Female

Information about the physician or other health care professional

6) Name of physician or other health care professional: N/A

7) If treatment was given away from the worksite, where was it given?

Facility: Urgent Care

Street: 100 Eisenhower Drive

City: Hanover State: PA ZIP: 17331

8) Was employee treated in an emergency room?
( ) Yes
(•) No

9) Was employee hospitalized overnight as an in-patient?
( ) Yes
(•) No

Information about the case

10) Case number from the Log: 1 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness: 03 19 2025 (Month Day Year)

12) Time employee began work (HH:MM): 06:00 (•) AM ( ) PM

13) Time of event (HH:MM): 08:15 (•) AM ( ) PM ( ) Check if time cannot be determined

* Re fields 14 to 17: Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

14)* *What was the employee doing just before the incident occurred?* Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

While on the job, Michael Windon was cutting plywood with a circular saw.

15)* *What Happened?* Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

While operating the circular saw with his right hand, his left hand touched the blades.

16)* *What was the injury or illness?* Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Michael cut three of his fingers on his left hand during this incident.

17)* *What object or substance directly harmed the employee? Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

The blades on the circular saw.

18) *If the employee died, when did death occur?* Date of death: (Month Day Year)

Add a Form Page Reset

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

If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

- **Visit us online at www.osha.gov**
- **Call your OSHA Regional office and ask for the recordkeeping coordinator**

or

- **Call your State Plan office**

www.osha.gov/stateplans

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

Federal Jurisdiction

Region 1 - 617 / 565-9860
Connecticut; Massachusetts; Maine; New Hampshire; Rhode Island

Region 2 - 212 / 337-2378
New York; New Jersey

Region 3 - 215 / 861-4900
DC; Delaware; Pennsylvania; West Virginia

Region 4 - 678 / 237-0400
Alabama; Florida; Georgia; Mississippi

Region 5 - 312 / 353-2220
Illinois; Ohio; Wisconsin

Region 6 - 972 / 850-4145
Arkansas; Louisiana; Oklahoma; Texas

Region 7 - 816 / 283-8745
Kansas; Missouri; Nebraska

Region 8 - 720 / 264-6550
Colorado; Montana; North Dakota; South Dakota

Region 9 - 415 / 625-2547

Region 10 - 206 / 553-5930
Idaho

State Plan States

Alaska
Arizona
California
*Connecticut
Hawaii
*Illinois
Indiana
Iowa
Kentucky
*Maine
Maryland
Michigan
Minnesota
Nevada
*New Jersey
New Mexico
*New York
North Carolina
Oregon
Puerto Rico
South Carolina
Tennessee
Utah
Vermont
Virginia
*Virgin Islands
Washington
Wyoming

*Public Sector only

U.S. Department of Labor

Occupational Safety and Health Administration

Have questions?

If you need help in filling out the *Log* or *Summary*, or if you have questions about whether a case is recordable, contact us. We'll be happy to help you. You can:

- Visit us online at: **www.osha.gov**
- Call your regional or state plan office. You'll find the phone number listed on the previous page.

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

Log of Work-Related Injuries and Illnesses

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

Year 2024

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

Form approved OMB no. 1218-0176

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

Establishment name: Matchline Mechanical LLC

City: Ephrata State: PA

Identify the person				Describe the case		Classify the case											
						CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M) Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
								Job transfer or restriction	Other record-able cases								
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1	Wayne Shorts	Sheetmetal	06.25.2024	Pequea Valley-JobOsite	Palm on right hnad injured while operating	0	0	0	0	0	0	1	0	0	0	0	0
					Scissor Lift												
					Page totals	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*0*	*0*	*0*	*0*	*0*

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

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

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

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

Year 2024

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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name: Matchline Mechanical LLC

Street: 901 Dawn Ave. Ste E

City: Ephrata State: PA Zip: 17522

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

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

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

Employment information

Annual average number of employees: 35

Total hours worked by all employees last year: 41,208.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Faith Contreras
Company executive

Office Manager
Title

(717)721-3160
Phone

01.02.2025
Date

OSHA's Form 301
Injuries and Illnesses Incident Report

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

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

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

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

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

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

Completed by Faith Contreras
Title Office Manager
Phone (717)721-3160 Date 06.25.2024

Information about the employee

1) Full Name Wayne Shorts
2) Street 1508 Georgetown Road
City Christiana State PA Zip 17509
3) Date of birth 12/23/1963
4) Date hired 9/30/2013
5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Dustin Yothers
7) If treatment was given away from the worksite, where was it given?
Facility Penn Medicine
Street
City State Zip
8) Was employee treated in an emergency room?
[ ] Yes
[X] No
9) Was employee hospitalized overnight as an in-patient?
[ ] Yes
[X]

Information about the case

10) Case number from the Log 1 *(Transfer the case number from the Log after you record the case.)*
11) Date of injury or illness 06.25.202·
12) Time employee began work 6:00 AM AM
13) Time of event 8:10 AM AM [ ] Check if time cannot be determined

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

*14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
Wayne was operating a Scissors lift rail with the Superintendant on-site . They were preparing to hang a length of Ductwork.

*15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
While doing operaing the Scissor lift the palm on his right hand was injured.

*16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
Right hand balm was injured

*17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
Scissor Lift joist bar

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

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

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

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

Year 2023

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

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

Form approved OMB no. 1218-0176

Establishment name: Matchline Mechanical LLC

City: Ephrata State: PA

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

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

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

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

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

Year 2023

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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name: Matchline Mechanical LLC

Street: 901 Dawn Avenue; Suite E

City: Ephrata State: PA Zip: 17522

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

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

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
1 4 9 5 8

Employment information

Annual average number of employees: 35

Total hours worked by all employees last year: 25,206.50

Sign here

Knowingly falsifying this document may result in a fine.

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

Faith Contreras
Company executive

Office Manager
Title

717-721-3160
Phone

01.04.2024
Date

OSHA's Form 301
Injuries and Illnesses Incident Report

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

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

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

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

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

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

Completed by Faith Contreras

Title Office Manager

Phone 717-721-3160 Date 01.04.2024

Information about the employee

1) Full Name _____

2) Street _____

City _____ State _____ Zip _____

3) Date of birth _____

4) Date hired _____

5) ☐ Male
☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional

_____

_____

7) If treatment was given away from the worksite, where was it given?

Facility N/A

Street _____

City _____ State _____ Zip _____

8) Was employee treated in an emergency room?
☐ Yes
☐ No

9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

Information about the case

10) Case number from the Log _____ *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness _____

12) Time employee began work _____ AM/PM

13) Time of event _____ AM/PM ☐ Check if time cannot be determined

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

*14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

*15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

*16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

*17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

18) **If the employee died, when did death occur?** Date of death

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

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

Log of Work-Related Injuries and Illnesses

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

Year 2022

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

Form approved OMB no. 1218-0176

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

Establishment name Matchline Mechanical LLC

City Ephrata State PA

Identify the person				Describe the case		Classify the case											
						CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
(A) Case No	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other recordable cases (J)	Away From Work (days) (K)	On job transfer or restriction (days) (L)	(M) Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
1	Richard Stubbs			Jobsite	On 07.08.2022 Richard Stubbs injuried his fingered during demo.	0	0	0	0	0	0	1	0	0	0	0	0
2	Matthew Frankfort			Jobsite	On 06.16.2022 Matthew Frankfort cut his finger on a piece of demoed ductwork.	0	0	0	0	0	0	1					
3	Mark Troup			Jobsite	On 08.12.2022 Mark Troup cut his right finger lifting wires and cutting zipties.	0	0	0	0	0	0	1					
					Page totals	0	0	0	0	0	0	3	0	0	0	0	0

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

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

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

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

Year 2022

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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name Matchline Mechanical LLC

Street 901 Dawn Avenue; Suite E

City Ephrata State PA Zip 17522

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

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

OR North American Industrial Classification (NAICS), if known (e.g., 336212)
1 4 9 5 8 ____

Employment information

Annual average number of employees 35

Total hours worked by all employees last year 54,767.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Faith Contreras
Company executive

Office Manager
Title

717-721-3160
Phone

01.01.2023
Date

OSHA's Form 301
Injuries and Illnesses Incident Report

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

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

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

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

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

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

Completed by Faith Contreras

Title Office Manager

Phone 717-721-3160 Date 12.31.2022

Information about the employee

1) Full Name Richard Stubbs

2) Street 405 Rabbit Run Road

City Andreas State PA Zip 18211

3) Date of birth 10.30.1973

4) Date hired 01.12.2012

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Well Span Occuoational Health

7) If treatment was given away from the worksite, where was it given?

Facility N/A

Street

City State Zip

8) Was employee treated in an emergency room?
[ ] Yes
[x] No

9) Was employee hospitalized overnight as an in-patient?
[ ] Yes
[x] No

Information about the case

10) Case number from the Log 1 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 07.08.202:

12) Time employee began work 6:00 AM AM/PM

13) Time of event Unsure AM/PM [X] Check if time cannot be determined

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

*14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Richard Stubbs was hanging ductwork when the incident occurred.

*15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

Richard Stubbs cut is finger while handled demoed ductwork. He clean the wound and bandaged it. But, after a few days his finger became infected. He was then advised to have to have his fingered examined.

*16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Richards Stubss cut his finger.

*17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Demoed Ductwork

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

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

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

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

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

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

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

Completed by Faith Contreras
Title Office Manager
Phone 717-721-3160 Date 12.31.2022

Information about the employee

1) Full Name Matthew Frankfort
2) Street 15 Overlook Drive
City Ephrata State PA Zip 17522
3) Date of birth 02.16.1993
4) Date hired 12.02.2019
5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Penn Medicine Ephrata Urgetn Care
7) If treatment was given away from the worksite, where was it given?
Facility N/A
Street
City State Zip
8) Was employee treated in an emergency room?
[ ] Yes
[x] No
9) Was employee hospitalized overnight as an in-patient?
[ ] Yes
[x] No

Information about the case

10) Case number from the Log 2 *(Transfer the case number from the Log after you record the case.)*
11) Date of injury or illness 06.16.202
12) Time employee began work 6:00 AM AM/PM
13) Time of event 10:00 AM AM/PM [X] Check if time cannot be determined

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

*14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
Matthew Frankfort hanging ductwork during the time of the incident.

*15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
On 06.16.2022 Matthew Frankfort cut his finger on a piece of demoed ductwork.

*16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
Matthew Frankfort cut his finger.

*17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.
Demoed Ductwork

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

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

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

Form approved OMB no. 1218-0176

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

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

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

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

Completed by Faith Contreras

Title Office Manager

Phone 717-721-3160 Date 12.31.2022

Information about the employee

1) Full Name Mark Troup

2) Street 80 Lynn Street

City Mifflinburg State PA Zip 17844

3) Date of birth 09..02.1964

4) Date hired 07.12.2022

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
WellSpan Medical Group

7) If treatment was given away from the worksite, where was it given?

Facility N/A

Street

City State Zip

8) Was employee treated in an emergency room?
[ ] Yes
[x] No

9) Was employee hospitalized overnight as an in-patient?
[ ] Yes
[x] No

Information about the case

10) Case number from the Log 3 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 08.12.202:

12) Time employee began work 6:00 AM AM/PM

13) Time of event AM/PM [X] Check if time cannot be determined

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

*14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Mark Troup was on a lift moving wires and cutting through zipties .

*15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

While cutting through Zipties,he experienced a laceration to his right hand.

*16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Laceration to right hand.

*17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Mark Troup cut his hand with a box cutter, while cutting zipties.

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

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

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

Log of Work-Related Injuries and Illnesses

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

Year 20 2 1

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 Matchline Mechanical LLC

City Ephrata State PA

Identify the person			Describe the case			Classify the case: CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
								Remained at Work				(M)					
(A) Case no.	(B) Employee's name	(C) Job title (*e.g., Welder*)	(D) Date of injury or onset of illness	(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*)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able 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)
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
			/ month/day			☐	☐	☐	☐	days	days	☐	☐	☐	☐	☐	☐
					Page totals							Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

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

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the 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.

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

Summary of Work-Related Injuries and Illnesses

Year 20 2 1

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

Number of Days

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

Injury and Illness Types

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

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: Matchline Mechanical LLC

Street: 901 Dawn Avenue; Suite E

City: Ephrata State: PA ZIP: 17522

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

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

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)
1 4 9 5 8

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

Annual average number of employees

Total hours worked by all employees last year

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.

Annie Kennedy — Company executive
Office Manager — Title
(717) 721-3160 — Phone
12/31/2021 — Date

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

Optional

Worksheet to Help You Fill Out the Summary

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

How to figure the average number of employees who worked for your establishment during the year:

❶ ***Add*** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = ❶ _____

❷ ***Count*** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = ❷ _____

❸ ***Divide*** the number of employees by the number of pay periods.

❶ _____ / ❷ _____ = ❸ _____

❹ ***Round the answer*** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees.*

The number rounded = ❹ _____

For example, Acme Construction figured its average employment this way:

For pay period...	Acme paid this number of employees...
1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 ❶

Number of pay periods = 26 ❷

$\frac{830}{26} = 31.92$ ❸

31.92 rounds to 32 ❹

32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

Optional Worksheet

_____ ***Find*** the number of full-time employees in your establishment for the year.

X _____ ***Multiply*** by the number of work hours for a full-time employee in a year.

_____ This is the number of full-time hours worked.

\+ _____ ***Add*** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

_____ ***Round*** the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year.*

OSHA's Form 301
Injury and Illness Incident Report

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

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

Form approved OMB no. 1218-0176

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

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

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

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

Completed by Annie Kennedy

Title Office Manager

Phone (717) 721 - 3160 Date 12 / 31 / 21

Information about the employee

1) Full name _____

2) Street _____

City _____ State _____ ZIP _____

3) Date of birth ____ / ____ / ____

4) Date hired ____ / ____ / ____

5) ☐ Male
☐ Female

Information about the physician or other health care professional

6) Name of physician or other health care professional _____

_____

7) If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ State _____ ZIP _____

8) Was employee treated in an emergency room?
☐ Yes
☐ No

9) Was employee hospitalized overnight as an in-patient?
☐ Yes
☐ No

Information about the case

10) Case number from the *Log* _____ *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness ____ / ____ / ____

12) Time employee began work _____ AM / PM

13) Time of event _____ AM / PM ☐ Check if time cannot be determined

14) ***What was the employee doing just before the incident occurred?*** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15) ***What happened?*** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16) ***What was the injury or illness?*** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17) ***What object or substance directly harmed the employee?*** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

18) ***If the employee died, when did death occur?*** Date of death ____ / ____ / ____

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

T-1C Designated Critical Work: Qualifications, Experience and Past Performance

For the .2 HVAC portion of this project, the following work effort has been identified as critical work: “Testing, Adjusting and Balancing Load for Dormitory Comfort”.

Testing, Adjusting and Balancing Load for Dormitory Comfort

For Testing, Adjusting and Balancing (TAB) we have opted to use TAB Works, Inc. TAB Works is located near Hershey, PA, which is only a short distance from the project site. This proximity to the project site will ensure quick response time as may be needed. TAB Works Inc. has NEBB-Certified staff and up-do-date calibrated equipment to provide accurate air and water balancing. TAB Works Inc. has worked on dorm rooms for many colleges. Matchline has worked with TAB Works on many projects that utilize VAV systems, such as Gerald Huesken MS, Susquehannock HS and many others. For this project, the design airflows for VAVs for cooling and heating have been established by the Professional. TAB Works will work with the ATC subcontractor to set/verify the VAV dampers to achieve the design airflows. Upon seasonal verification, TAB Works may be required to confirm the airflows and adjust as necessary to achieve the desired performance in each room. We are confident that TAB Works will complete this project in an accurate, timely manner.

APPENDIX G
DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

COVER SHEET

DGS Project Name Thaddeus Stevens College-New Multipurpose/Dorm Building

DGS Project Number DGS C-0417-0048 Phase 1

DESIGNATED CRITICAL WORK: For proper evaluation, the Proposer MUST submit at least one "Designated Critical Work Qualification Statement" for each Work item listed in T-1C for the respective contract. NOTE: The selected Proposer shall enter subcontracts with each listed subcontractor in T-1C.

Check One Work item for which this Qualification Statement is being submitted:

General (.1 contract)
____ Foundation work

HVAC (.2 contract)
__X__ Testing and balancing load for dormitory comfort

Plumbing (.3 contract)
____ Fire Suppression for food service, kitchen and servery

Electrical (.4 contract)
____ Large emergency generator
____ Swipe card access elevator system

Name of Firm *TABworks, Inc.*

Address *285 Gates Road Hershey, PA 17033*

Principal Office *Same*

Owner or Authorized Representative _____ *Mark Lantz* *Vice President*

SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? *14 Years*

b) How many years has the firm been doing business in the proposed contract field? *14*

Under what former names has the firm conducted business?

_____
_____
_____

c) Identify all jurisdictions in which the firm is licensed or otherwise qualified to do business.

NEBB _____ _____

_____ _____ _____

d) If the firm is a corporation, provide the following information:

Date of incorporation *08/15/2011*

State of incorporation *Pennsylvania*

President's name *Craig Hershey*

Vice President's name(s) *Mark Lantz*

Secretary's name *Mark Lantz*

Treasurer's name *Craig Hershey*

e) If the firm is a partnership, provide the following information:

Date of formation_____

Type of partnership_____

Names of partners_____

f) If the firm is individually owned, provide the following information:

Date of formation_____

Name of owner_____

g) If the form of the firm is other than those listed above, describe it and name the principals:

_____

_____

SECTION 2 - EXPERIENCE AND PERFORMANCE

2.1 General

a) Provide the annual construction volume in dollars completed by the firm in the past three years:

Year 2025 $ 2,254,760.00

Year 2024 $ 2,420,635.00

Year 2023 $ 1,914,830.00

b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100

c) List the categories of work that the firm normally performs with its own forces on similar projects.

2.2 Project Experience and References

Submit as **Attachment 1** to this Qualifications Statement:

a) Suggested number of Sheets/Pages:

- 3 sheets/(6 pages)

Three (3) detailed project descriptions for relevant projects similar in size and scope to the Contract Work. The project descriptions shall include, at a minimum, the following information presented in the order listed below:

vii. Name of project, type of project and location

viii. Description of the project and relevance of work to the Contract Work

ix. Contact information for an owner representative familiar with the firm's work performed on this project. Include name, address, telephone number(s) and e-mail address.

x. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.

xi. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.

xii. As available, performance ratings of the work evaluated by owner or owner's representative.

2.3 Contractor Safety Record

Submit as **Attachment 2** to this Qualifications Statement the information specified herein and verify this information by providing copies of OSHA 300/200 Forms or appropriate documentation from insurance carriers, as applicable. The firm may submit written explanations to comment on or clarify its safety record.

a) Provide the firm's Workers Compensation Experience Modification Rating for the past three years, beginning with the most recent year available:

Year 1: 2025 1.0

Year 2: 2024 1.0

Year 3: 2023 1.0

b) Provide the firm's Total Lost Workday Incidence Rate (LWDIR) for the past three years, beginning with the most recent year available:

Year 1: 2025 0

Year 2: 2024 0

Year 3: 2023 0

*LWDIR Rate = Number of Lost Time Injuries & Illnesses x 200,000 ÷ Total Hours Worked

c) Provide the firm's Recordable Incidence Rate (RIR) for the past three years:

Year 1: 2025 0

Year 2: 2024 0

Year 3: 2023 0

*RIR Rate = Number of Injuries x 200,000 ÷ Total Hours Worked

d) Provide in an **Attachment 3** to this Qualifications Statement a list of any health or safety citations issued by federal or state agencies for serious or willful violations issued in the past 3 years. Include a separate statement for any such violations and include the citation number, a brief description of the violation and the amount of penalty, if any, for each violation and current status of violation.

Attachment 3 - Not Required

SECTION 3 - REQUIRED DISCLOSURES

The firm shall answer the following questions with regard to the past three (3) years. If any question is answered in the affirmative, the firm shall submit in an **Attachment 5** to this Qualifications Statement, for each affirmative answer, a written explanation which shall provide details concerning the matter in question, including applicable dates, locations, names of projects/project owners and current status of any such matter.

Attachment 5 - Not Required

3.1 Is the firm currently debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes ___ No _X_

3.2 Has the firm ever been debarred or suspended from doing business with any federal, state or local government agency or private entity?

Yes ___ No _X_

3.3 Is the firm currently or has the firm been otherwise prohibited from doing business with any federal, state or local government agency or private entity?

Yes ___ No _X_

3.4 Has the firm been denied prequalification (not including short listing), declared non-responsible, or otherwise declared ineligible to submit bids or proposals for work by any federal, state or local government agency or private entity?

Yes ___ No _X_

3.5 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?

Yes ___ No _X_

3.6 Has the firm been assessed or required to pay liquidated damages in connection with work performed on any project?

Yes ___ No _X_

3.7 Has the firm had any business or professional license, registration, certificate or certification suspended or revoked?

Yes ___ No _X_

3.8 Have any liens been filed against the firm as a result of its failure to pay subcontractors, suppliers, or workers?

Yes ___ No _X_

3.9 Has the firm been denied bonding or insurance coverage or been discontinued by a surety or insurance company?

Yes ___ No _X_

3.10 Has the firm been found in violation of any laws, including but not limited to contracting or antitrust laws, tax or licensing laws, labor or employment laws or environmental laws by a final decision of a court or government agency?

Yes ___ No _X_

*Note: information regarding health and safety violations is addressed in a previous section.

3.11 Has the firm or its owners, officers, directors or managers been the subject of any criminal indictment or criminal investigation concerning any aspect of the firm's business?

Yes ___ No _X_

3.12 Has the firm been subject to any bankruptcy proceeding?

Yes ___ No _X_

SECTION 4 - REQUIRED REPRESENTATIONS

In submitting this Qualifications Statement, along with the other representations and authorizations listed in the RFP, the firm also makes the following representations, which it understands are required as a condition of performing the Contract Work and receiving payment for same.

4.1 The firm will possess all applicable professional, business and trade licenses required for performing the Contract Work.

4.2 The firm satisfies all bonding and insurance requirements as stipulated in the solicitation for the Contract Work. *(NA)*

4.3 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with the Commonwealth's requirements for workers' compensation insurance according to all applicable laws, and unemployment insurance according to all applicable laws.

4.4 The firm and all subcontractors it employs in execution of the Contract Work shall be in full compliance with all requirements of the Commonwealth's prevailing wage law and Public Works Employment Verification Act.

4.5 If awarded the Contract Work, the firm represents that it will not exceed its current bonding limitations when the Contract Work is combined with the total aggregate amount of all unfinished work for which the Contractor is responsible.

4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.

4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.

4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

Project Experience

Penn State Health Lancaster Medical Center

Testing, Adjusting and Balancing of a new hospital.
Construction Manager: Barton Malow
Original Contract: $348,000.00 Final Contract: 414,301.00
Final Completion; 06/2023
Performance Rating: Not Available

Penn State University East Halls Hastings Hall

Testing, Adjusting & Balancing of air and water systems on a four-story dorm renovation.
Contractor: The Farfield Company
Contract: $38,440.00
Final Completion: 08/2025
Performance Rating: Not Available

Southern York County High School

Testing, Adjusting & Balancing of air and water for a high school renovation
Contractor: Midline Mechanical
Contract Value: $105,000.00
Final Completion: 08/2025
Performance Rating: Not Available

Attachment 2

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

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

Year 20 25

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	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name: TABworks, Inc.

Street: 285 Gates Road

City: Hershey State: PA Zip: 17033

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

Testing, Adjusting & Balancing HVAC Systems

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

1	4	9	9	0	

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

Annual average number of employees: 10

Total hours worked by all employees last year: 20,920.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive _____ Title _____

Phone 717-298-6049 Date 02/26/2026

Reset

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

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

Year 20 24

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	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name: TABworks, Inc.

Street: 285 Gates Road

City: Hershey State: PA Zip: 17033

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

Testing, Adjusting & Balancing HVAC Systems

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

1	4	9	9	0	

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

Annual average number of employees: 11

Total hours worked by all employees last year: 19,356.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive _____ Title _____

Phone 717-298-6049 Date 02/26/2026

Reset

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

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

Year 20 23

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	0	0	0
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(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 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name: TABworks, Inc.

Street: 285 Gates Road

City: Hershey State: PA Zip: 17033

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

Testing, Adjusting & Balancing HVAC Systems

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

1	4	9	9	0	

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

Annual average number of employees: 11

Total hours worked by all employees last year: 17,592.00

Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive _____ Title _____

Phone 717-298-6049 Date 02/26/2026

Reset

T-2A Project Management Team

In terms of the project management team for Matchline and the subcontractor performing the designated critical work, Matchline Mechanical has assembled what we feel to be the best team for the Thaddeus Stevens project.

Roles and Responsibilities for this project

Dan Foresman and Mike Minnich, (Matchline's President and Vice-President, respectively) will assist in upper-level management of this project via daily contact with the Project Manager. For Matchline, the Project Manager directly responsible for this project will be Michael Minnich. Mike's familiarity of DGS processes and e-Builder will result in smooth day to day operations. Mike's tasks will include (but not be limited to): Assisting in procurement, general oversight of the coordination drawing process, compilation and tracking of submittals, project schedule development/tracking, equipment releases, coordination of deliveries and subcontractors, project meeting attendance and project close-out support. Under Mike's direct supervision will be Mike Hannan and Rick Campbell. Mike Hannan will serve as an assistant project manager for this project. Rick Campbell will be the Field Superintendent for this project. Rick will initially spend a portion of his time reviewing coordination drawings as they progress. Rick's tasks will include (but not be limited to) the following: Overall on-site coordination of our forces and those of our subcontractors, assisting the PM in scheduling equipment releases and subcontractor work, scheduling/performing HVAC duct and pipe tests and coordinating with the observing agencies, keeping detailed daily reports and photographs, overseeing and correcting (if necessary) the work of our forces and that of our subcontractors, scheduling equipment start-up and assisting in project close-out and commissioning. Matchline's project experience (detailed in T-1C, Appendix G) highlights our ability to successfully complete this project.

For our critical work Testing, Adjusting and Balancing (TAB) subcontractor, Mark Lantz will serve as the lead liaison and high-level oversight for TAB Works. Mark is an owner who possesses over 22 years of experience in the balancing industry. Mark will be responsible for review of contract documents/submittals, development of the TAB plan, payroll/HR and other day-to-day operations. Serving as Project Manager will be Matthew Brennan, who possesses over 22 years of experience in the balancing industry. Matt will be responsible for oversight and

coordination of field work, daily communications with Matchline's project manager, as well as data management and compilation of the final balancing report. In addition to common TAB certifications, Matt also maintains a NEBB certification for Professional HVAC Buildings System Commissioning. Since the TAB agency is required to work closely with the DGS Commissioning Agent (CX), this certification is a benefit to the project. The TAB Works team is rounded out by NEBB-certified field personnel with significant field experience. TAB Works Inc. project experience (detailed in T-1C, Appendix G) highlights their ability to successfully complete this project.

At the time of preparing this proposal, the following subcontractors were not selected: ATC work, insulation work, chemical water treatment work and craning. Matchline does not simply use the lowest cost subcontractor. We always use subcontractors who have performed well in the past.

Resumes for key personnel for Matchline and TAB Works, Inc. are included below.

DANIEL L. FORESMAN

EXPERIENCE

APRIL 2008 – PRESENT
MATCHLINE MECHANICAL LLC
PRESIDENT
Oversee daily operations

JUNE 2011 – PRESENT
MIDLINE MECHANICAL LLC
VICE PRESIDENT
Oversee daily operations

JAN 1997 – OCT 2007
SUPERINTENDENT, FREY LUTZ CORP
Project Field Superintendent, Auto CAD Coordination/Drafting

JAN 1982 – JAN 1997
JOURNEYMAN, SUPERINTENDENT FARFIELD CO.
Project Field Superintendent

EDUCATION

JUNE 1975
DIPLOMA, MANHEIM TOWNSHIP H.S.
Basic H.S. Education

RESUME

Michael L. Minnich

6/2011 – Present = Project Manager, Midline Mechanical

Job duties include: Project take-off, bidding, procurement, submittal review/tracking/distribution, manpower, equipment release and tracking, schedule creation/updating, project meeting attendance, dispute resolution, billing, entering vendor/supplier invoices, and project close-out.

Past Projects as Project Manager:

Central Pennsylvania Institute of Science and Technology

Lackawanna County Career Technology Center

Palmerton School District (3 building renovations)

PHFA

Corl Street Elementary School

Bermudian Springs Elementary School

Northwest Elementary School

Hazleton Area School District STEM building

Porter Tower Waste Water Treatment Plant

Newport Elementary School

Shikellamy Middle School

Berwick Elementary School

McConnellsburg Elementary School

Michael P.Hannan

WORK EXPERIENCE

MATCHLINE MECHANICAL, LLC, Ephrata, PA
Superintendent, Aug 2008 – Present

- Schedule the project in logical steps and budget time required to meet deadlines.
- Confer with supervisory personnel, owners, contractors, or design professionals to discuss and resolve matters, such as work procedures, complaints, or construction problems.
- Plan, organize, or direct activities concerned with the construction or maintenance of structures, facilities, or systems.
- Take actions to deal with the results of delays, bad weather, or emergencies at construction site.
- Inspect or review projects to monitor compliance with building and safety codes, or other regulations.
- Study job specifications to determine appropriate construction methods.
- Direct and supervise workers.
- Investigate damage, accidents, or delays at construction sites, to ensure that proper procedures are being carried out.
- Evaluate construction methods and determine cost-effectiveness of plans, using computers.
- Requisition supplies or materials to complete construction projects.
- Develop or implement quality control programs.

FREY LUTZ, Lancaster , PA
Foreman / Mechanic, Jan 1999 – Aug 2008

- Examine and inspect work progress, equipment, and construction sites to verify safety and to ensure that specifications are met.
- Supervise, coordinate, or schedule the activities of construction or extractive workers.
- Confer with managerial or technical personnel, other departments, or contractors to resolve problems or to coordinate activities.
- Order or requisition materials or supplies.
- Record information such as personnel, production, or operational data on specified forms or reports.
- Provide assistance to workers engaged in construction or extraction activities, using hand tools or other equipment.

EDUCATION

HVAC Apprenticeship Program, Lancaster, PA
4 year program

MAJOR PROJECTS

Most Recent Projects Include: New Construction Middletown Area High School, Contract date May 14, 2014; Renovations to Donegal Intermediate School, Contract date May 3, 2012; Renovations to Donegal Junior High School, Contract date May 9, 2013; New Construction, Elizabeth Martin Elementary School, Contract date, March 27, 2014; Ganser Library Renovation, October 11, 2011; References for individual projects are available upon request.

865 Dry Run Road Grantville, Pennsylvania, 17028 717-490-9330 mhannan@matchlinemechanical.com

Richard Campbell

WORK EXPERIENCE

Midline Mechanical LLC | Ephrata, PA
Superintendent| July 2014 – Present

Jobs I worked as the Superintendent

- Shikellamy School
- Berwick School
- State College
- PHFA
- Bermudian Springs
- Palmerton

James Craft & Son | **York**, PA
Superintendent | 1985 – January 2014

I worked with this company for a total of 29 years, during which I went through the ABC Sheet Metal Apprenticeship (finished 1991). I've worked as an Apprentice, Mechanic, Foreman, Superintendent and a Project Manager. Completed contract work and time and material work. For the last 10 years at this job I worked on all Pinnacle Health projects.

EDUCATION

- ABC Apprenticeship (completed in 1991)
- 10 Hour OSHA
- Constructions Safety & Health
- Hazcom
- Leadership Skills Course for the Advanced Craftsperson
- Trac Pipe – Certified
- Scaffolding Training
- Fire Protection and Control Training
- Fall Protection Training
- Aerial Work Platform Certification
- Competent Person Training
- Qualified Signal Person
- First Aid CPR AED (09/2015)
- ECRI Institute – Infection Control Risk Assessment for Construction Activity
- Defensive Driving
- The National Center for Construction Education and Research

TEACHING

- 2001 – 2014 ABC Lancaster Career and Technology
  - Sheet Metal Instructor
  - Core Curriculum Instructor

Craig Hershey

Craig has over 35 years of experience in the Balancing industry. Since 1988 Craig has progressed through the industry from a field technician to Project Manager advancing to Vice President and ultimately as Partner of TABworks, Inc.

- NEBB Certified Professional Air and Hydronic Systems
- Member of MAEBA Technical Committee
- A.A.S. HVAC Technology from Penn State College of Technology
- Test and Balance Technician (1988-1993)
- Test and Balance Lead Technician (1993-1999)
- Project Manager (1999-2004)
- Vice President (2004-2011)
- Partner TABworks, Inc. (2011 to present)

Mark Lantz

Mark has over 22 years of experience in the Balancing industry. Starting in 2003, Mark has progressed through the industry from Project Manager to Project Foreman, Vice President and now proudly as Partner of TABworks, Inc.

- NEBB Certified Professional Air and Hydronic Systems
- HVAC Project Superintendent (1985-1986)
- HVAC Project Manager (1987-1999)
- HVAC Construction Manager (1999-2002)
- Balancing Project Manager (2002-2006)
- Vice President (2006-2011)
- Partner TABworks, Inc. (2011 to present)

Josh Lantz

Josh has 12 years of experience in the Balancing industry as he started with TABworks by serving a (3) year apprenticeship and (2) year TAB schooling through Local 19 Union.

- NEBB Certified Professional Air and Hydronic Systems
- B.S. College of Business from Shippensburg University

Matt Brennan

Matt has over 22 years of experience in the Balancing industry. Starting in 2003, Matt has progressed through the industry from a field technician to Project Foreman, and now proudly as Project Manager for TABworks, Inc.

- NEBB Certified Professional Air and Hydronic Systems
- NEBB Certified Professional HVAC Building Systems Commissioning
- B.S. Mechanical Engineering Technology from Penn State
- Certified HVAC Fire Life Safety Level 1

T-2B Work Plan and Schedule

Matchline Mechanical assumes the main Work Plan items for this project will include (but not be limited to) the following: coordination with other prime contractors (and applicable subcontractors), Management of the project schedule and adherence to contract milestone and sequences, working within identified site constraints, Contingency Plan with weather constraints, Installation of New Exhaust Systems in existing services and system testing.

a.Work Plan

Coordination with other primes

Regarding coordination with other prime contractors, this process begins very early in the project. As the lead contractor for the coordination drawing process, we are tasked with preparing base drawings, placing our systems and other relevant architectural features, and subsequently working hand-in-hand with the CAD personnel of the other primes to integrate their required installations. As we do coordination drawings for nearly all of our projects, we are very familiar with the overall process. Our CAD personnel possess extensive experience with the coordination drawing process, and we find them to be an important step to get the project started (and continue in) the right direction. While these signed-off drawings provide the starting point for coordination, we also recognize that daily coordination will be required for this project. This daily coordination with field superintendents and personnel of other prime/subcontractors is essential for a project of this size. This ongoing coordination with other primes is often facilitated through weekly foreman/superintendent meetings, as well as daily conversations. Matchline provides our own meeting notes to the other trades and to the professional to memorialize the on-site issues, discussions and outcomes. A rather important logistical coordination item for this project is the placement of air handling equipment on the roof. It will be critical that we have the necessary equipment on-hand and we will need to coordinate closely with the other prime contractors and local authorities to ensure that our equipment can be craned into position. This occurs frequently on our projects, so we are accustomed to the nuances of this work effort.

Management of the Project Schedule and Adherence to contract milestones and sequences

Matchline Mechanical views the ability to construct and maintain the contract sequence and project schedule as a critical work plan item. This process begins with accurate input to the .1 Contractor from all prime contractors and, through a draft process with continuing prime input, culminates in the acceptance of a final project schedule. This schedule is very important for all primes, and even more so for Matchline due to equipment lead times and the size of some of the equipment. This schedule basically provides the basis for our equipment releases, manpower needs/projections, subcontractor scheduling and general work sequences/durations between trades. We always strive to maintain the project schedule, and we do whatever is needed (such as overtime/weekend work, paying for accelerated deliveries, etc.) to make it happen. The milestones that appear in Specification 013100 will be integrated into the construction schedule. Upon review of the preliminary schedule from the .1 General Contractor, we may adjust/fine tune the order of the given milestones to better correlate with the schedule logic. In formulating our schedule input, special attention will be given to items having long lead times. At the current time, the equipment of most concern is the air handling units at 15-17 weeks. Through discussions with the basis of design equipment supplier, we feel that there will be no issues obtaining approved submittals and procuring equipment before it is needed on the project. Upon NTP, we will make these submittals a priority. The unit dimensions and connection points are also relevant early in the coordination drawing process, so these items need to be solidified as soon as possible. Matchline thoroughly reviews submittal information to eliminate as many issues as possible. Working with the final project schedule and in concert with discussions at weekly coordination meetings, Matchline will schedule our equipment releases to coincide as close as possible to project needs. During the project, Matchline maintains communications with the equipment representatives to remain informed of changing lead times. Adjustments to equipment release times are made as necessary.

Immediately upon notice to proceed or as soon as requested, Matchline will provide input to the Professional for the submittal register in e-builder. This collaborative effort ensures efficient use of the e-builder system for submittals. Matchline will procure the appropriate vendors and subcontractors and request submittal information. Upon in-house review, Matchline will take the necessary steps to submit and gain approval for equipment submittals. At the same time,

Matchline will obtain accurate equipment lead times so that they can be considered when developing our schedule input. The coordination process will run concurrently with the equipment submittals, with fine tuning adjustments made with actual unit dimensions from the approved submittals. Matchline will be part of the final project schedule discussions and development, and will generally follow the construction sequence set forth. We will coordinate equipment releases as the project schedule and actual construction progress. The HVAC Controls work will be ongoing with our mechanical installations. The upfront HVAC Controls engineering will be completed during the same timeframe as our submittals, and will be approved prior to the start of actual site work so that the key HVAC Controls hardware can be ordered and available when needed. Testing, Adjusting and Balancing (TAB) work typically begins a bit later in the project, as hydronic systems are filled/flushed/treated and air duct systems are finalized with grille, diffuser and register installations. Final work and commissioning will occur near the end of the project, with actual systems commissioning occurring as seasons permit. Demobilization of our various subcontractors will occur as necessary, and likewise with our in-house forces and equipment. In general, our work sequence will be as required to flow with the approved baseline project schedule.

Working within identified site constraints and managing within a defined area

Matchline fully understands the identified site constraints for this project. The primary site constraint is that of an active campus. There are several buildings nearby which will remain active during the proposed construction. Since on-site space will be limited, Matchline will store the bulk of the equipment and other materials in our warehouse located in Lancaster, PA. Having this warehouse so close to the site will be a benefit in that we can order equipment early and have it ready to arrive on-site on short notice. If for some reason the project falls behind, we can store the equipment at our nearby warehouse until it is needed. Deliveries of materials such as ductwork and piping materials will need to be timed and coordinated with the other prime contractors as well as the campus staff. Matchline's superintendent will coordinate this effort during the weekly prime contractor meetings. Another major site constraint for our work will be that of the craning for the rooftop equipment. For this work, Matchline will work closely with a local crane subcontractor. We will conduct a site meeting to develop a firm understanding of the route the crane will use, as well as the pad location for set-up. As the setting of these units

should take only (1) day, there will be little disruption to the campus activities. Our staff will select a date/time based on input from the campus staff and other prime contractors. Another site constraint associated with this active campus is that of the underground utility relocations. Matchline will ensure that our excavations are properly delineated and secured so that no one can be injured by infiltrating the work area.

Contingency Plan with weather constraints

In terms of weather-related constraints, Matchline Mechanical does not foresee any schedule impacts due to weather. Very few, if any, of our work is ever impacted by weather. Duct and pipe installations occur after there is building structure and therefore those tasks are rather independent of the weather. The only work for this project that may be impacted by weather would be some earthwork for the underground steam/natural gas relocations and/or craning. For the earthwork, inclement weather may not be conducive to proper compaction, so we may have to use select materials to do this work properly. For craning, storms or high winds can make hoisting activities not safe and they may have to be postponed for a day or so. Since these two tasks are generally short duration activities, a minor delay in either task will not have serious schedule implications. A contingency plan due to weather conditions is primarily a concern for the .1 GC, who has many items such as concrete, foundation work, masonry, etc which can be delayed due to weather conditions. Matchline will assist the .1 GC and other primes in whatever way possible to avoid/mitigate lost time due to weather conditions.

Installation of New Exhaust Systems in existing services

Matchline performs installation of exhaust systems for nearly every project we do. For this project, the main exhaust systems are those related to the (3) kitchen hoods and their associated exhaust fans. As this is new construction, we are not seeing this as an installation into an existing service. As mentioned in T-1A, Addendum #6 clarifies Specification 114000, 5.12 to be the work of an HVAC firm procured by the .1 GC. As this includes “grease” and “condensate” duct, Matchline and our applicable subcontractors will work closely with the .1 GC and their applicable subcontractor(s) to ensure a complete, functional exhaust system. Secondary to the hood-related exhaust fans, there are a few other minor interior in-line fans and a roof fan for the dryer exhaust. These are common installations for Matchline.

Systems Testing

Matchline performs system testing on every project we do. For this project, we assume the following systems will be tested: Hydronic pipe systems, Refrigerant pipe systems, natural gas piping systems and controls systems. The piping systems will be tested in accordance with the project specifications for each type of pipe system, which is typically a pressure test. Matchline performs these tests for various areas depending on the baseline schedule and project progress, and then again at the end of the project. We are sure to schedule these tests for witnessing by the AHJ, typically L&I. We then upload the signed-off test results to e-builder. Should an issue occur, Matchline makes corrective action immediately and performs the necessary re-tests. For this project, there are vertical gas and hot water supply/return risers. They reside in what will be a concealed chase so the construction, testing and insulation of these concealed risers are very critical.

Controls testing is carried out as part of the commissioning efforts, and is facilitated through the work between our ATC subcontractor, our TAB agency and the commissioning agent. The culmination of this testing is the final commissioning report submitted by DGS's commissioning agent.

Our TAB subcontractor performs their testing, adjusting and balancing of the hydronic and air duct systems. The culmination of their effort is the final Testing and Balancing report. Since this report is typically required to achieve occupancy, Matchline is sure to incorporate the dates for this testing into the baseline project schedule.

b. Schedule

In general, Matchline will provide preliminary schedule input to the .1 GC for incorporation into the project schedule. We make sure to include submittals/procurement times with the schedule input provided to the .1 GC. Overall, the general schedule milestones in the Contract Documents make sense from a construction standpoint and will provide the basis for our schedule input. Since this is new construction, Matchline's workflow will follow that of the .1 GC. As Matchline's projects are almost always multi-prime, we are familiar with the schedule creation process, and we are flexible when needed to assist in making the schedule work for all prime contractors.

T-2C Safety Plan

Matchline Mechanical utilizes our own in-house Health and Safety Plan (HASP, not included in its entirety due to suggested page restrictions, however it is available upon request). Our HASP covers all aspects of jobsite safety and hygiene. There are clear and concise directives for any common instance that may occur. Our HASP also clearly states responsibilities for various jobsite safety items. Prior to start of any project, we conduct a meeting with our project manager and site superintendent to review the HASP for that specific project. We obtain sign-off from these key managers and they subsequently conduct a meeting with each worker that enters the site. By performing these reviews, it serves as a reminder/refresher for our employees and project management team alike.

The HASP for this project will be modified accordingly. We will also provide emphasis for items that may be more relevant to this project. As this building is more than one story, there will be multistory deck penetrations that will require proper temporary covers. Similarly, we will be performing work and installations on the roof, so proper fall protection will be implemented. As portions of the proposed building are wood framed, proper fire extinguisher placement and subsequent fire watch will be critical for any soldering/welding operations. Also due to the multi-story nature of the building, a detailed plan for egress during a fire alarm will be very important to ensure all personnel can exit the building and be accounted for.

As always, general PPE will be reviewed. We perform weekly “tool box talks” of the site-specific items, and have all of our employees sign-off for their attendance. Our site superintendent performs ongoing safety reviews of items common to our trade, such as electrical extension cords, GFI’s, ladders, man-lifts, etc. Any equipment found to be deficient is promptly removed from service. Matchline also works closely with and complies with the safety personnel of other prime contractors, who may occasionally make site visits and produce a findings report. Matchline currently has no impending OSHA safety violations, nor does it have any OSHA violations within the last (3) years.

T-2D Quality Control Plan

Procedures or software for tracking and reporting

Matchline uses Quickbooks software to monitor the financial aspects of the project, such as job estimated costs versus job actual costs, open purchase orders, accounts payable/receivable, change orders, payroll, etc. Our entire staff is well-versed in Quickbooks, which allows the office administration staff, project managers and owners to access the project and review any project financial information. In terms of reporting, we provide our full Quickbooks files to our accountant on a quarterly basis. Certified payroll is performed within Quickbooks, and is provided to DGS, typically via e-builder.

For tracking non-financial items such as procurement, submittals and equipment releases, we utilize our own internal spreadsheets and forms that have proven themselves over the last 18 years. For non-DGS projects, we also use our own internal spreadsheets for tracking other items discussed below. We also track our submittals within the submittal register module of e-builder.

Tracking of Change Orders

Matchline uses our own internal spreadsheet to track change orders. Prior to any change order, Matchline will provide to DGS the documentation necessary to support the applicable payroll burdens. Upon initiation of a change order by either the Professional or DGS, we enter it on our spreadsheet and determine which other suppliers and/or subcontractors will be needed. We utilize the same number/name/description as is used in e-builder to avoid confusion. We then email all pertinent change order descriptions and drawings to the parties from which we require pricing. Upon receipt and review of all pricing needed for a certain CCO, we enter the costs into the DGS CCO spreadsheet provided for that specific project and subsequently submit the spreadsheet and supporting documentation to e-builder. Once work commences, we track the progress of subcontractors and suppliers the same as our contract work efforts.

Procedures for tracking RFIs, shop drawings and project submissions

Matchline primarily uses the functionality of e-builder to track RFIs, shop drawings and submittals. Having performed several DGS projects, we are completely comfortable using e-builder to its full potential. For redundancy, we also track these items on internal spreadsheets.

In general, the project manager performs and tracks the submittals. This includes all aspects of the submittal process, from procurement, submittal review, upload to e-builder, and distribution of approved submittals to all necessary parties. The project manager also generates our RFIs, with input from our field and CAD department. The project manager is responsible to review the RFI's of other trades and determine if the question and/or answer creates a need for our involvement.

Punchlist and project closeout procedures

Matchline utilizes the punch list modules generated in e-builder. We are familiar with this process and it provides an effective method of handling punch lists. The typical punch list is initiated by us in e-builder, and populated by the Professional near the end of the project or phase of a project. Along the same lines as a punch list, we are also familiar with the commissioning issues log. We routinely review these issues logs and make corrections in a timely manner. We review the corrective actions with the commissioning agent during their next site visit so that the number of open items on the list remain small and nothing lingers on the list too long.

For project closeout procedures, Matchline utilizes our internal spreadsheets to create a list of what is required for each specification section, such as warranty, owner training, as-builts, installation/operation/maintenance manuals, etc. As the applicable items are completed, we upload them to the appropriate locations to e-builder.

Approach to assure subcontractor performance and methods to assure timely payments

Matchline strives to surround ourselves with subcontractors that have historically provided excellent service. Our project manager and field superintendent monitor the progress of work, quality of work and overall site conduct of our subcontractors, and take corrective actions when necessary. We review invoices and pay applications, make sure they are entered into Quickbooks and stive to pay on a net 30 basis. Our project managers frequently review our accounts payable in Quickbooks to ensure that all entities are paid within their terms.

Method for tracking material certifications, on-site testing, etc.

Matchline tracks steel certification forms (ST forms) on our internal spreadsheets as well as uploading them into e-builder. Similarly, we utilize the MATES module of e-builder for on-site

materials testing. We also upload other testing, such as pipe pressure tests witnessed by L&I, to the designated areas in e-builder.

T-3A Staffing Resources

As the project schedule is not yet defined, it is difficult to accurately identify the number of workers we will need for this project. With a project duration of over 500 days and only rough milestone sequences available, we cannot honestly state the number of field staff required at any given time. However, the previously mentioned relationship between Matchline Mechanical and Midline Mechanical affords our company the flexibility to assign the appropriate personnel to specific projects. We also are staffed with a permanent group of 45 well trained tradesmen who are as dedicated as the Owners to achieve project success. An example that comes to mind is Bermudian Elementary School, where we completed a $3.5M HVAC renovation project in approximately (12) weeks. We acted as the General Contractor in this case, where we made a schedule, scheduled our subcontractors and completed the project on time. Our DGS project at Waller Administration Building (Bloomsburg University) went very smoothly in large part to our having sufficient, knowledgeable manpower on the project. Likewise, our DGS project at the Forum Building (Harrisburg, PA) was completed without delay due to our ability to properly and dynamically staff the project. Matchline Mechanical has never been assessed liquidated damages for any reason, including but not limited to insufficient manpower. We do not utilize employment agencies, as we typically cannot verify the competency of the temporary workers we would receive. We keep a continuous man-hour projection chart in-house, and we are certain that more than adequate staff exists to see a project such as this through to successful completion. Similarly, we only utilize subcontractors who are known to us to have the office support and field manpower to accomplish a project of this magnitude.

T-3B Skill Training

Essentially all of Matchline's employees are trained journeymen in either the sheet metal or pipefitter trade, and we strongly promote the use of the apprenticeship program. Midline/Matchline currently has (2) employees in the apprenticeship program, with (4) more expected to start the fall of 2026. Currently in Pennsylvania, the apprenticeship program provides a basic card upon completion, so there are no certification numbers to include in this proposal. We make certain that our senior staff members oversee the work of the apprentices

and mentor them as needed. As mentioned earlier, most of our workforce has completed an apprenticeship program through ABC (Associated Builders and Contractors). Other skill training occurs on an ongoing basis. As vendors and/or manufacturers offer training seminars, we often send our key personnel to these training events. We feel that this time spent will make our employees better suited to perform the installations of those manufacturers as well as the similar equipment of other manufacturers. Through the years, our key personnel have developed a thorough understanding of all the installations we perform. On a higher level, the aforementioned owners of Matchline Mechanical make periodic site visits to ensure that the work is being performed to their standards.

Matchline Mechanical also stives to have key employees that possess current training on the various pieces of equipment that we commonly use on projects, such as off-road forklifts/boom lifts, man lifts, scissor lifts, etc. We only allow appropriately trained individuals to operate equipment for which they are certified. As training events become available for specific equipment, we send personnel who need these certifications to the training events. This ensures that our entire workforce can work in a safe, productive manner.

T-3C Workforce Safety

As discussed before, Matchline Mechanical utilizes our own in-house Health and Safety Plan (not included in its entirety due to suggested page restrictions, however it is available upon request). All employees review/sign-off on this plan prior to starting work. If there are any special project requirements above and beyond that which is stated in our plan, they are discussed during a supplemental project “kick-off” meeting.

In terms of general, overall site safety, we perform weekly “tool box talks” of the site specific items, and have all of our employees sign-off for their attendance. Our site superintendent performs ongoing safety reviews of items common to our trade, such as electrical extension cords, GFI’s, ladders, man-lifts, excavations, etc. Any equipment found to be deficient is promptly removed from service. Matchline also works closely with and complies with the safety personnel of other prime contractors, who may occasionally make site visits and produce a findings report.

While Matchline does not specifically review the Plans of subcontractors, we do include their work in our ongoing safety reviews of the project site. Our site superintendent provides (1) verbal warning of an infraction, followed by a written warning from the Project Manager to the applicable subcontractor. The site superintendent reports the progress of the remediation actions to the Project Manager, who takes additional steps as required. The subcontractors selected for the critical work on this project are known to Matchline to be very professional and proactive in terms of jobsite safety. Matchline has never received or been fined for a significant OSHA violation.

Refer to Section T-2C for specific safety details for this project.

APPENDIX A

PROPOSAL SIGNATURE PAGE

APPENDIX A
PROPOSAL SIGNATURE PAGE

Proposer's Representations and Authorizations. Proposer by signing this Proposal Signature page and submitting its proposal understands, represents, acknowledges, and certifies that:

a. All information provided by, and representations made by, the Proposer in the proposal are material and important and will be relied upon by the Proposal Evaluation Committee in reviewing the Proposal and by DGS in awarding the contract. Any misrepresentation of a material fact or omission of material fact by the entity submitting the proposal shall be treated as fraudulent concealment from the Commonwealth of the true facts relating to the submission of the proposal. If the misrepresentation and/or omission of material fact is discovered during the review of the proposal, the proposal will be automatically disqualified. Discovery of the misrepresentation and/or omission of material fact after contract award constitutes grounds for defaulting on the contractor and may lead to debarment procedures being instituted against the contractor. A misrepresentation shall be punishable under 18 Pa. C.S. § 4904.

b. The proposer acknowledges that they have received, read and understood all Addenda issued for the Project.

c. The price and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other Proposer or potential Proposer.

d. Neither the price nor the amount of the proposal, and neither the approximate price nor the approximate amount of this proposal, have been disclosed to any other firm or person who is a Proposer or potential Proposer, and they will not be disclosed on or before the proposal submission deadline specified in the Notice to Proposers and the Calendar of Events.

e. No attempt has been made or will be made to induce any firm or person to refrain from submitting a proposal on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.

f. The proposal is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.

g. To the best knowledge of the person signing the proposal for the Proposer, the Proposer, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any local, state or federal governmental agency and have not in the last four (4) years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract, except as disclosed by the Proposer in its proposal.

h. To the best of knowledge of the person signing the proposal for the Proposer and except as otherwise disclosed by the Proposer in its proposal, the Proposer has no outstanding, delinquent obligations to Commonwealth including, but not limited to, any state tax liability not being contested on appeal or other obligation of the Proposer that is owed to Commonwealth.

i. The Proposer is not currently under suspension or debarment by Commonwealth, or any other local, state, or the federal government. If the Proposer cannot so certify, then it shall submit along with its proposal a written explanation of why it cannot make such certification.

j. The Proposer has not, under a separate contract with the DGS made any recommendations to DGS concerning the need for the services described in the proposal or the specifications for the services described in the proposal.

k. Each Proposer, by submitting its proposal, authorizes all Commonwealth agencies to release to Commonwealth information related to liabilities to Commonwealth of Pennsylvania including, but not limited to, taxes, unemployment compensation, workers' compensation liabilities and Prevailing Wage Act.

l. Until the selected Proposer receives a fully executed and approved written contract from the DGS, there is no legal and valid contract in law or in equity, and the Proposer should not begin to perform work. If a Letter of Intent has been issued, the Proposer may proceed in accordance with the terms of the Letter.

m. Proposer is not currently engaged and will not during the duration of the contract engage, in a boycott of a person or an entity based in or doing business with a jurisdiction which the Commonwealth is not prohibited by Congressional statute from engaging in trade or commerce; and is eligible to contract with the Commonwealth under Section 3604 of the Procurement Code.

n. The proposer agrees and certifies to abide by, but not be limited to, the Commonwealth of Pennsylvania Acts, Provisions, Clauses, and Statements stated in the Contract Documents.

I am authorized to sign this proposal on behalf of the Proposer and I agree and state that Matchline Mechanical (Name of Firm) understands and acknowledges that the above representations are material and important, and will be relied upon by the Proposal Evaluation Committee and the Department of General Services in awarding the contract(s) for which this proposal is submitted. I understand and my firm understands that any misstatement shall be treated as fraudulent concealment from the Department of General Services of the true facts relating to the submission of this proposal.

PROPOSER IS A CONTRACTOR/INDIVIDUAL:

Witness: By:

_____ _____

Contractor / Individual

PROPOSER IS A LIMITED LIABILITY COMPANY (LLC) OR PARTNERSHIP:

Witness: By:

/Michael L. Minnich /Daniel L. Foresman, President

General Partner / Authorized LLC Member

By:

_____ _____

Limited Partnership

PROPOSER IS A CORPORATION:

Attest: By:

_____	_____
Secretary/Treasurer	President/Vice-President

PROPOSER IS A JOINT VENTURE:

Attest: By:

_____	_____
Secretary	President
Attest:	By:
_____	_____
Secretary	President

APPENDIX B

Non-Collusion Affidavit

Appendix B
NON-COLLUSION AFFIDAVIT

INSTRUCTIONS FOR NON-COLLUSION AFFIDAVIT

1. This Non-collusion Affidavit is material to any contract awarded pursuant to this proposal. According to §4507 of the Commonwealth Procurement Code, 62 Pa. C.S. §4507, governmental agencies may require Non-collusion Affidavits to be submitted with proposals.

2. This Non-collusion Affidavit must be executed by the member, officer, or employee of the Proposer who makes the final decision on prices and the amount quoted in the proposal.

3. Bid rigging and other efforts to restrain competition, and the making of false sworn statements in connection with the submission of proposals are unlawful and may be subject to criminal prosecution. The person who signs the affidavit should examine it carefully before signing and assure himself or herself that each statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the Proposer with responsibilities for the preparation, approval or submission of the proposal.

4. In the case of a proposal submitted by a joint venture, each party to the venture must be identified in the proposal documents and an affidavit must be submitted separately on behalf of each party to the joint venture.

5. The term "complementary proposal" as used in the affidavit has the meaning commonly associated with that term in the proposal process and includes the knowing submission of proposals higher than the proposal of another firm, any intentionally high or noncompetitive proposal, and any other form of proposal submitted for the purpose of giving a false appearance of competition.

6. Failure to submit a Non-collusion affidavit with the Proposal in compliance with these instructions may result in disqualification of the proposal.

NONCOLLUSION AFFIDAVIT

State of Pennsylvania :
County of Lancaster : s.s.

DGS Project Number: DGS C-0417-0048, Phase 1

I state that I am the President (Title) of Matchline Mechanical (Name of Firm) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the prices(s) and the amount of this proposal.

I state that:

1. The price(s) and amount of this proposal have been arrived at independently and without consultation, communication or agreement with any other contractor, proposer, or potential proposer.
2. Neither the price(s) nor the amount of this proposal, and neither the approximate price(s) nor approximate amount of this proposal, have been disclosed to any other firm or person who is a proposer or potential proposer, and they will not be disclosed before the proposal submission date.
3. No attempt has been made or will be made to induce any firm or person to refrain from proposing on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.
4. The proposal of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.
5. Matchline Mechanical (Name of Firm) its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by state or federal law in any jurisdiction, involving conspiracy or collusion with respect to proposing and/or bidding on any public contract, except as follows:

   N/A

I state that Matchline Mechanical (Name of Firm) understands and acknowledges that the above representations are material and important and will be relied upon by the Department of General Services in awarding the contract(s) for which this proposal is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the Department of General Services of the true facts relating to the submission of this proposal.

(Signature)

Daniel L. Foresman
(Signatory's Printed Name)

President
(Signatory's Title)

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 31st DAY OF
March, 2026.

Faith Bethany Mendez
Notary Public

My Commission Expires
02.10.2029

Commonwealth of Pennsylvania - Notary Seal
FAITH BETHANY MENDEZ - Notary Public
Lancaster County
My Commission Expires February 10, 2029
Commission Number 1389438