COVER LETTER – PA State Museum & PHMC Tower – Infrastructure Upgrades and Renovations

DGS C-0946-0012 Phase 6.2

COMPANY NAME: Midline Mechanical

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TECHNICAL SUBMITTAL

PA State Museum and PHMC Tower – Infrastructure Upgrades and Renovations

Harrisburg, Dauphin County, Pennsylvania

T-1A Introduction to the Project Team

Midline Project Team

Midline Mechanical is committed to providing personnel with the correct level of experience and positive mindset to successfully complete this project. Midline Mechanical is considered the sister company to Matchline 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 Midline 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 Midline Mechanical (as well as Matchline 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 Midline'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

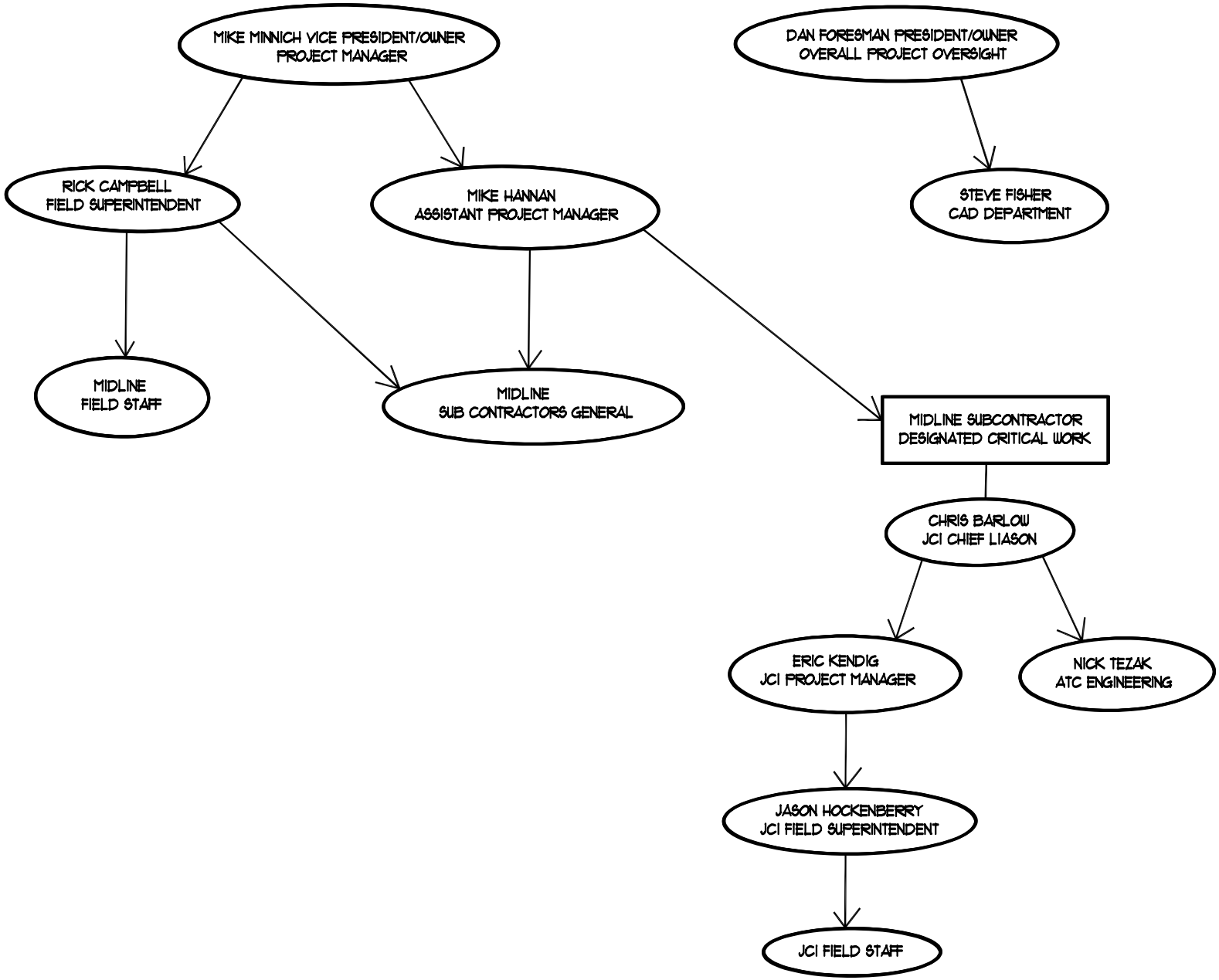
basis. Rounding out our team will be a group of professional tradesmen skilled in the crafts necessary for successful project completion.

In regards to subcontractors who will perform critical work, the major subcontractor role for this project is that of automated temperature control, or ATC subcontractor. This subcontractor is commonly tasked with engineering, installing and programming of the items necessary to accomplish automated controls throughout the building. For this project, we will enter into subcontract with Johnson Controls Inc (JCI) due to their familiarity with the existing controls in the buildings and our long-term working relationship with them. Also, per the project specifications, JCI is the only allowable subcontractor for the ATC system.

Being the current ATC contractor for these buildings, JCI is familiar with this proposed project as well as the existing building controls/hardware. Christopher Barlow, who will serve as the lead liaison for JCI, actually worked as an installer for these buildings. Serving as Project Manager for JCI will be Eric Kendig, who has 15+ years of experience at JCI with various aspects of ATC systems. Engineering of the ATC systems will be handled by Nick Tezak, who possesses 27 years of experience related to ATC systems. Nick was also responsible for ATC engineering for the original project here, so that lends well to continuity and achieving a better final product. ATC field installations will be supervised by Jason Hockenberry, who has 30+ years of experience at JCI with various aspects of ATC system design/implementation. Actual field installations will be performed by a local subcontractor (BBM) who is very well known to JCI. They performed installations for the original building and thereby have a good working knowledge of the building. In general, JCI and their local team have specific experience with these buildings, as well as the necessary integration for existing-to-remain items. Midline has discussed this in detail with JCI to ensure that we have a full understanding of the necessary work. It should also be noted that Midline fully intends to use basis of design equipment for this project, most of which will be represented by EBS. Many control aspects of this equipment have been pre-coordinated between JCI and EBS, and that level of coordination lends itself to a more seamless project.

Midline's remaining team of subcontractors, such as testing/balancing, insulating, craning, etc will be entities with which we have worked extensively in the past. We have only solicited and

MIDLINE TEAM ORGANIZATION CHART



accepted quotes from subcontractors who have proven to have a good understanding of this project.

History of Working Relationships with Critical Work Firms

While there are (3) items listed for Mechanical designated critical work, only (1) will be directly performed by a subcontractor. That work is the integration of new DDC controls, and as mentioned above it will be performed by JCI. We have worked well with JCI on many past projects, most of which were in the K-12 educational building segment. Based on our past and current relationship with JCI, we fully expect our relationship to remain strong throughout this project.

Aside from the items listed in the RFP as critical work for our .2 Contract, we feel that a project of this size and complexity essentially makes all of our subcontractors and vendors critical components of overall project completion. For example, "system-wide commissioning" is listed as a designated critical work effort. While the actual commissioning agent will be under direct contract with DGS, the subcontractor that we select for testing, adjusting and balancing (TAB) will play a critical role in the commissioning effort. For the TAB work, we have solicited this work to (2) local, reputable and responsive firms who are well known to us. Through many years and various types of projects, Midline has developed excellent working relationships with various subcontractors and their key personnel. We fully understand each subcontractor's abilities and therefore we are in a position to select the appropriate subcontractors for this project.

Understanding of Services and Materials for this Project

Midline has reviewed the Contract Documents and we are certain that we have a full understanding of our work tasks and specified materials. For major equipment, we have opted to solicit only from the basis of design vendors. For the .2 Contract, this project involves varying degrees of demolition and replacement of HVAC systems. Main systems are heating hot water, chilled water, steam lines/specialties, ductwork and a variety of standard and specialty HVAC equipment.

Midline's initial off-site work will consist of the normal submittals/procurement and coordination drawing process. 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 equipment vendor, AHU-2 has the longest lead time at 40 weeks, followed by chillers and remaining air handlers at 26 weeks.

The initial on-site work element for Midline will be to coordinate an orientation with the current HVAC facility staff to better understand the existing HVAC equipment and controls, with an emphasis on the 4th floor. Since the conditioning of this area and other collections areas are rather important, we will have our ATC subcontractor attend this meeting as well. If ATC systems will be made inactive for any reason, Midline will supplement with wireless space temp/humidity active monitoring. This will alert a member of our staff if conditions in prescribed spaces begin to deviate from an agreed upon acceptable range.

Once the .1 GC has all necessary partitions in-place, Midline would begin demolition in the PHMC tower and basement mechanical room. Midline will coordinate with the .1 GC and other trades to determine the most advantageous method to remove materials from the building. For Midline, most floors of the tower are very similar, with limited amounts of duct trunks to demolish and remove. New installations for many of the tower floors are very similar. The most prominent work feature common to the tower floors is that of the chase piping (including steam) and associated supports. Following or in conjunction with tower demolition would be the demolition of the tower basement mechanical room. Due to the variety of systems in this mechanical room and because of the material exit/entry location, Midline will carefully coordinate all planned work with the other trades and facility staff. Midline will then begin installation of new HVAC pipe, duct and equipment as shown on the Contract Drawings. Depending on the timing of the agreed upon project schedule and demolition of the existing tower systems, Midline may need to mobilize temporary heating units for the tower construction. Logistically, the most difficult aspect of our work will be removal of old HVAC equipment and insertion of new HVAC equipment. Removal of the large AHUs in the tower basement and subsequent insertion of the new unit segments is a major work effort. Likewise, locating the DOAS unit in tower 18th floor area will need to be carefully planned from a sequence and logistics standpoint. Craning of the tower DOAS unit and chillers will require coordination for

crane set-up and road/parking closures. Most other equipment installations are common work efforts for Midline.

For the Museum, Midline foresees work efforts common to the HVAC trade. Special care will need to be implemented when working in proximity to displays. As temporary protection of Museum displays is the work of the .1 GC, Midline will coordinate with them when work near an exhibit is required. Midline fully understands the .2 HVAC requirement for the temporary fan, shutter and louver for negative air/dust control, and we will work with the .1 GC to coordinate the installation of this temporary system. The Museum also has strict standards for vibration control. Based on our demolition and installations, Midline should not create significant vibration in the Museum. Midline will work with the Professional's acoustic consultant to review proposed demolition/installation methods and discuss alternative plans if necessary. As mentioned above, Midline will work with Museum staff to monitor and assist with maintenance of environmental conditions for the Museum collection areas. For the Museum ground floor, areas 2 and 3 contain the most demolition/new installation work for the .2 Contract. Museum Floor 1 comprises some new duct layouts as well as the specialty dehumidification unit PAHU-1. Museum Floors 2-4 involve minor duct re-routes to facilitate the installation of the new elevator shaft. Museum Floor 5 (Base Bid 1) contains elements for the stair pressurization system and minor duct revisions. Museum Floor 5 (Base Bid 3) encompasses the work of Base Bid 1 in addition to a more or less full demolition and replacement of ductwork with electric VAVs. Overall, HVAC hydronics are rather limited in the Museum Floors 1-5. Museum Floor 6 houses much of the existing mechanical items to remain, and there are only a few minor duct revisions on this floor.

In general, the HVAC duct, pipe and equipment rough-ins will progress symbiotically with the general construction progress. Midline and its applicable subcontractors will coordinate as necessary with other trade personnel to provide integration for items of other trades. Throughout the construction, Midline (and, by extension, its subcontractors) will work closely with the commissioning agent, DGS and the professional to ensure that all installations are as specified. We have worked on many other projects, including a few for DGS, that were commissioned projects so we are well versed in the process and requirements. We maintain an open dialog with the commissioning agent, and attend to items on the ongoing commissioning report in a timely

manner. By staying in-step with the issues log, we preclude any of the issues becoming critical at the end of the job. Towards the end of the project, Midline is familiar with the close-out procedures such as record drawings (as-builts) and owner training. At the end of several key areas noted in the specifications, Midline will temporarily seal all ductwork openings to facilitate the air leakage testing to be performed by the building envelope consultant. Based on Specification 283111, Midline will initiate a meeting agenda for the stair pressurization pre-installation meeting. We will coordinate the timing of this meeting with the relevant prime/subcontractors. Midline will also coordinate with the .4 EC in regards to installation of the generator exhaust system (muffler furnished by .4 EC).

In summary, Midline 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. We have also familiarized ourselves with the documents noted in the specifications that relate to Secretary of the Interior Standards for the Treatment of Historic Properties.

<u>Experience with museum quality environmental conditioning, Integration of New/Existing Systems, and System-Wide Commissioning</u>

Midline Mechanical does not have direct experience with a museum, however we have performed work on several projects where strict environmental conditions were required to prevent damage to items. The most significant of these was the DGS Forum project located in Harrisburg, PA. Midline was required to maintain strict temperature and humidity ranges within different portions of a large building. These conditions were needed to preserve the existing building construction (plaster, painting, etc) as well as books and other documents within the state and law libraries. Midline monitored these conditions with data loggers and reviewed the data on a daily basis to ensure the desired conditions were met. There were other areas of that building that were not part of the contract work (Rare Books), however several of the systems were shared with the contracted work. Midline coordinated with the staff and ATC subcontractor to make sure those delicate systems were not disrupted in any way. That project was successfully completed with no damage to existing construction or library materials. This project is a bit different in that, for the most part, existing mechanical units will remain in service during construction. Also, per the specifications, the .2 HVAC Contractor is responsible for

temporary heat while the .1 GC is responsible for temporary dehumidification, air conditioning and ventilation. As mentioned elsewhere, Midline will set up a monitoring system to remotely monitor the environmental conditions in select areas and subsequently make the staff aware of any issues with the existing-to-remain air handling system. Midline will work with the staff and .1 GC to remedy any undesirable environmental conditions.

In terms of DDC integration, Midline has experience in this matter. Many of the projects that we perform in the K-12 segment as well as for DGS are phased renovations. This type of project requires ongoing coordination with staff, other prime contractors and subcontractors to successfully implement DDC controls. For this project, we have a head start for this task in that JCI (and some of their specific personnel and subcontractors) have worked in the building in the past. This is advantageous for the project in that they are familiar with the current systems, hardware and facilities. For Midline's part, we will coordinate our new installations with staff, JCI and their installation subcontractor to ensure this is handled in the most appropriate manner. If new systems are not familiar to the current staff, Midline will perform an interim training session for the staff.

Midline Mechanical has significant experience with system-wide commissioning, CX for short. A critical aspect of a successful CX program is that we, the .2 Contractor, instill the importance of the CX work with our subcontractors. Our ATC subcontractor and our TAB subcontractor play an important role in overall CX activities. Midline has worked with many different CX firms and we have used varying CX software/websites as required to complete our portion of the CX activities. As the actual CX agency is hired directly by DGS, Midline does not control the point of the project at which the CX agent becomes integrated into the project. Once a CX agent is on board however, we make a focused effort to meet with them early to review their procedures and expectations. As the project advances to and through construction, we make sure to stay current with the CX issues log and make corrections as needed. Towards the end of the project or phase, we bring our ATC and TAB subcontractors together with the CX agent to perform the testing and verifications as specified. When providing schedule input to the .1GC, Midline is sure to include line items for CX work. We also understand that projects end during times of the year that may not be conducive for proper testing of equipment. For example, trying to put a chiller through its paces during winter months. For this reason, Midline includes time

and resources for critical season testing/verification, even if it is well beyond the project completion date. This is the only way to ensure that the new equipment will perform properly during the most demanding conditions. So, from start to finish, Midline is committed to do our part for a successful commissioning program and fully functional equipment for DGS and the Client Agency.

Experience working in close proximity to museum exhibits

As mentioned above, Midline does not have experience in a museum building. We have, however, worked on several projects where we worked in proximity to historically sensitive materials. On the aforementioned Forum project, we had many installations adjacent to books and other materials in the state and law libraries. On that project, protection of these items were part of the .2 scope of work. Depending on the specific situation, we used specific tools in combination with temporary tented enclosures to adequately protect the nearby sensitive materials. Tools with factory connections for shop-vac type systems with HEPA filters eliminate airborne contamination from spreading to unwanted areas. Tented enclosures were used to achieve similar results. As vibration damage is a specific concern on this project, Midline will employ construction/demolition techniques that minimize impact or vibration. Based on the project specifications, drawing notes and work shown on the plans, we do not foresee an appreciable amount of major structural demolition for the scope of the .2 HVAC Contract. On this project, the temporary protection of the exhibits is part of the .1 GC scope of work. Midline will coordinate any work near an exhibit with staff and the .1 GC. We will also attempt to minimize any work near exhibits, if at all possible. One specific task for Midline is to provide and implement MERV 12 filters on all return grilles within the Museum construction area. Our price includes several sets of filters to facilitate a filter change every (3) months from beginning to the end of the project. Return grille filters will be changed more frequently if needed. Midline will also replace all filters in the existing to remain AHUs at the time of final inspection.

Experience maintaining museum quality environmental conditions

As this topic has been discussed above, we will reiterate those same narratives here. Midline Mechanical does not have direct experience maintaining these systems in a museum, however we have performed work on several projects where maintaining environmental conditions was

required to prevent damage to historically significant items. The most recent and significant example of this type of project was the Forum project for DGS located in Harrisburg, PA. Midline was required to maintain strict temperature and humidity ranges within different portions of a large building. These conditions were needed to preserve the existing building construction (plaster, painting, etc) as well as books and other documents within the state and law libraries. Midline monitored these conditions with data loggers and reviewed the data on a daily basis to ensure the desired conditions were met. There were other areas of that building that were not part of the contract work (Rare Books), however several of the systems were shared with the contracted work. Midline coordinated with the staff and ATC subcontractor to make sure those delicate systems were not disrupted in any way. That project was successfully completed with no damage to existing construction or library materials. This project is a bit different in that, for the most part, existing mechanical units will remain in service during construction. Also, per the specifications, the .2 HVAC Contractor is responsible for temporary heat while the .1 GC is responsible for temporary dehumidification, air conditioning and ventilation. As mentioned elsewhere, Midline will set up a monitoring system to remotely monitor the environmental conditions in select areas and subsequently make the staff aware of any issues with the existing-to-remain air handling system. Midline will work with the staff and .1 GC to remedy any undesirable environmental conditions should they arise. Midline owns many types and sizes of temporary conditioning units that could be mobilized if needed.

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

As detailed in section T-1A above, the majority owners of Midline 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. Midline only subcontracts for the necessary work, such as duct fabrication, insulation, ATC, testing & balancing and certain aspects of demolition. We roughly estimate that 35% 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 PA State Museum and PHMC Tower project.

Midline 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 Midline and therefore they should conduct business as we would.

Compliance with Plans and Specifications

For Midline, 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. After award, we thoroughly review submittal data to ensure that our subcontractors and equipment vendors are in compliance with the Plans and Specifications. 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.

Quality of Workmanship

The Owners and project managers of Midline 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. 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

Midline 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 their project schedule. Within this input, we also incorporate 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 any and all issues, we provide a sign-off on the schedule and base our labor and equipment releases on the data therein. Throughout the project, Midline 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. Midline 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

Midline 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, Midline project managers review and approve all invoices related to their projects. We perform weekly 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 Midline 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 Midline and sister company Matchline 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

Midline 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. Midline performs weekly toolbox safety talks and keeps these on record in our office. In general, Midline remains in full compliance with all applicable OSHA regulations.

Compliance with Prevailing Wage Act

Since Midline 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. Midline has never been in violation of any prompt payment law/policy.

Compliance with other applicable laws and regulations

Midline is in full compliance with all applicable laws and regulations related to the work we perform. Of importance to this project will be coordination with the City of Harrisburg to adhere to their laws and/or regulations regarding street/parking closures for craning activities.

APPENDIX F

PRIME CONTRACTOR QUALIFICATION STATEMENT

COVER SHEET

DGS Project Name __PA State Museum and PHMC Tower_____

DGS Project Number _DGS C-0946-0012 P6_____

Check One:

_X_Corporation

,__Partnership,

__Individual,

__Joint Venture,

__Other _____

Name of Firm _Midline Mechanical LLC_____

Address 901 Dawn Ave. Ste E , Ephrata PA 17522_____

Principal Office Same as above_____

Owner or Authorized Representative __Daniel Foreman, President and Michael Minnich, VP___

SECTION 1 – INFORMATION ON FIRM

1.1 Background Information

a) How many years has the firm been in business? Fifteen(15) Years

b) How many years has the firm been doing business in the proposed contract field? 15 yrs.

Under what former names has the firm conducted business? N/A

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.

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

Date of incorporation May 2011

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: N/A

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: N/A

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 Pipe Installation Labor and HVAC 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 1.025

Year 3: 2023 1.186

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 49.59

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 24.80

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. N/A

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. N/A

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? N/A

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. Yes

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

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.Yes

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. Yes

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.Yes.

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.
Yes.

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. Yes.

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.Yes

Project: PA State Museum and PHMC Tower – Infrastructure Upgrades and Renovations

Project Number: DGS C-0946-0012.2 P6

Appendix F

Attachment 1

Midline 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: PA State Museum and PHMC Tower – Infrastructure Upgrades and Renovations

Project Number: DGS C-0946-0012 P6

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

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 Midline 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:*

	(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)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Injury (1)	Illness: Skin disorder (2)	Illness: Respiratory condition (3)	Illness: Poisoning (4)	Illness: Hearing loss (5)	Illness: All other illnesses (6)
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
Reset				/ month / day							days	days						
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 (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | Hearing loss (5) | All other illnesses (6)

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	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.

Establishment information

Your establishment name: Midline 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: 25

Total hours worked by all employees last year: 41013

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

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:

❶ ***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 = ❶ 25

❷ ***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 = ❷ 52

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

❶ 25 / ❷ 52 = ❸ 0.48

❹ ***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 = ❹ 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 ❶
3	15	
4	30	Number of pay periods = 26 ❷
5	40	830 / 26 = 31.92 ❸
▼ 24	▼ 20	
25	15	31.92 rounds to 32 ❹
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 _____ ***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 _____

Title _____

Phone _____ **Date** _____
Month Day Year

Information about the employee

1) Full name _____

2) Street _____

City _____ **State** _____ **ZIP** _____

3) Date of birth _____
Month Day Year

4) Date hired _____
Month Day Year

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** _____
Month Day Year

12) **Time employee began work** (HH:MM) _____ ○ **AM** ○ **PM**

13) **Time of event** (HH:MM) _____ ○ **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."

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** _____
Month Day Year

Add a Form Page Reset

Optional

Calculating Injury and Illness Incidence Rates

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.

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

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

(a) *To find out the total number of recordable injuries and illnesses that occurred during the year,* count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (H), (I), and (J).

(b) *To find out the number of injuries and illnesses that involved days away from work,* count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year*. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses X *200,000* ÷ *Number of hours worked by all employees = Total recordable case rate*

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) X *200,000* ÷ *Number of hours worked by all employees = DART incidence rate*

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses		200,000	÷	Number of hours worked by all employees	=	Total recordable case rate
0	X			41013		0

Number of entries in Column H + Column I		200,000	÷	Number of hours worked by all employees	=	DART incidence rate
0	X			41013		0

Reset

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

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

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

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: Midline 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	Matthew Price	PipeFitter	01.15.2024	SuSq. HS -Jobsite	Hurt lower back while swinging a sledge	0	4	0	0	4	0	1	0	0	0	0	0
					hammer. Breaking open hole in concrete.												
2	Jackson Griffith	Sheetmetal	01.30.2024	SuSq. HS -Jobsite	Was using a sawzall above his heasd and	0	0	0	0	0	0	1	0	0	0	0	0
					metal went under the glasses into his eyes												
3	Carlos Saavedra	PIpeFitter	01.31.2024	SuSq. HS -Jobsite	Cut his mouth and broke a tooth while drilling	0	2	0	0	2	0	1	0	0	0	0	0
4	Vaughan Ault	PipeFitter	02.19.2024	Lycoming Valley-Jobsite	Fell off ladder and hurt both ankles	0	2	0	0	2	0	1	0	0	0	0	0
5	Scot Bowers	PipeFitter	11.08.2024	ESU-Jobsite	While moving tools, both les and hips	0	0	0	0	0	0	1	0	0	0	0	0
					were hit by a lift												
6	Dustin Wike	Sheetmetal	11.18.2024	ESU-Jobsite	Cut his middle finger on right hand												
					while lifting ductwork	0	4	0	0	4	1	1					
					Page totals	***0***	***12***	***0***	***0***	***12***	***1***	***6***	***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 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

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: Midline 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	Matthew Price	PipeFitter	01.15.2024	SuSq. HS -Jobsite	Hurt lower back while swinging a sledge	0	4	0	0	4	0	1	0	0	0	0	0
					hammer. Breaking open hole in concrete.												
2	Jackson Griffith	Sheetmetal	01.30.2024	SuSq. HS -Jobsite	Was using a sawzall above his heasd and	0	0	0	0	0	0	1	0	0	0	0	0
					metal went under the glasses into his eyes												
3	Carlos Saavedra	PIpeFitter	01.31.2024	SuSq. HS -Jobsite	Cut his mouth and broke a tooth while drilling	0	2	0	0	2	0	1	0	0	0	0	0
4	Vaughan Ault	PipeFitter	02.19.2024	Lycoming Valley-Jobsite	Fell off ladder and hurt both ankles	0	2	0	0	2	0	1	0	0	0	0	0
5	Scot Bowers	PipeFitter	11.08.2024	ESU-Jobsite	While moving tools, both les and hips	0	0	0	0	0	0	1	0	0	0	0	0
					were hit by a lift												
6	Dustin Wike	Sheetmetal	11.18.2024	ESU-Jobsite	Cut his middle finger on right hand												
					while lifting ductwork	0	4	0	0	4	1	1					
					Page totals	***0***	***12***	***0***	***0***	***12***	***1***	***6***	***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 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.

Claim No. Assigned: A224-0371532

Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 01.23.2024

Information about the employee

1) Full Name Matthew Price

2) Street 211 N Main Street PO Box 353

City York New Salem State PA Zip 17371

3) Date of birth 3/19/1991

4) Date hired 09.15.2021

5) [X] Male
[ ] Female

Information about the physician or other health care professional

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

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

Facility Well Span Health

Street Suite 290250 Monument Road

City York State PA Zip 17403

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 01.15.202·

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

13) Time of event 10:00 AM [AM]/PM [ ] Check if time cannot be determined

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

*14) **What was the employee doing just before the incident occurred?** 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 Price was breaking open a hole in conrete for duct penetration, using a sledge hammer.

*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."

Matthew Price hurt his lower back while swingng the sledge hammer.

*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."

Lower back pain

*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.

We sugguest going forward that Matthew uses a longer hammer. He may have swung it a little too hard or the wrong way I the process of breaking concrete.

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 02.02.2024

Information about the employee

1) Full Name Jackson Griffith

2) Street 428 N Oak Street

City Lititz State PA Zip 17543

3) Date of birth 2/15/1985

4) Date hired 07.21.021

5) [X] 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 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 01.30.202-2

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

13) Time of event N/A 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."

Jackson was using a Sawzall metal above his head and metal went under his glasses into his eye

*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."

A small piece of metal went into Jackson's eye as he was worklg.

*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."

Metal in eye , caused minor irratation . No treatment needed

*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.

Metal in eye , caused minor irratation . No treatment needed

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 02.23.2024

Information about the employee

1) Full Name Vaughan Ault

2) Street 75 Warren Street

City Montgomery State PA Zip 17752

3) Date of birth 05.15.2001

4) Date hired 07.24.2023

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Abbey Vanderlin

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

Facility Med Express

Street 1953 East 3rd Street

City Williamsport State PA Zip 17701

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 4 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 02.19.202·

12) Time employee began work 6:00 AM AM

13) Time of event 1:45 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."

Vaughna Ault was on a ladder installing duct work.

*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."

Vaughna fell of of the ladder.

*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."

Due to falling off the ladder, Vaughan hurt his ankles.

*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.

When Vaughan fell he must have twisted his ankle.

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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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.

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 02.02.2024

Information about the employee

1) Full Name Carlos Saavedra

2) Street 116 East Valley Road

City Denver State PA Zip 17517

3) Date of birth 04.30.1986

4) Date hired 07.05.2022

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Gathering Information

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

Facility Gatehrig Information

Street

City State Zip

8) Was employee treated in an emergency room?
[X] Yes
[ ] 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 01.31.202

12) Time employee began work 6:00 AM AM

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."

Carlos was using a cordless drill

*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."

Carlos was using a cordless drill and it gto caught on something. It then hit him in the face, cut his lip and broke his tooth.

*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."

Cut lip, cut inside mouth and brokern tooth.

*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.

Cordless Drill

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 11.08.2024

Information about the employee

1) Full Name Scot Bowers

2) Street 327 Indian Head Road

City Columbia State PA Zip 17512

3) Date of birth 03.15.1965

4) Date hired 06.15.2018

5) [X] 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
[X] No

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

Information about the case

10) Case number from the Log 5 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 11.08.202·

12) Time employee began work 6:00 AM AM

13) Time of event 12:40 PM 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."

The employee, along with others, was in the process of relocating tools at the time of the accident.

***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 relocating tools, an employee's cell phone accidentally struck the outrigger of a telehandler. This caused the lift to sway to the right, resulting in the forks hitting Scot Bowers on both legs.

***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."

Scot Bowers has been experiencing pain in his hips and knees as a result of the accident.

***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.

Scot Bowers was struck the the forks on a lift.

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 11.18.2024

Information about the employee

1) Full Name Dustin Wike

2) Street 28 S. Mountain Road

City Robesonia State PA Zip 19551

3) Date of birth 04.07.1983

4) Date hired 05.20.2024

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
LVPG Express Care

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

Facility LVPG Express Care

Street 200 East Brown Street

City East Stroudsburg State PA Zip 18301

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

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

Information about the case

10) Case number from the Log 6 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 11.18.202

12) Time employee began work 6:00 AM AM

13) Time of event 9:30 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."

At the time of the accident, the employee was working with 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."

He cut his middle finger on 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."

He had to receive stitches due to the cut on his 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.

Ductwork

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

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: Midline 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)
					Page totals	*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.

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

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

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

Establishment information

Your establishment name Midline 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 14

Total hours worked by all employees last year 36,262.20

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.

YEAR 2023
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

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

For the .2 HVAC portion of this project, the following work efforts have been identified as critical work: “Integrate new systems with existing systems – Including DDC Controls”, “System-wide Commissioning” and “Museum Level Environmental Conditioning”.

Integrate new systems with existing systems – Including DDC Controls

For HVAC Controls, we have opted to utilize JCI. The work for this project will be handled by the local JCI office located rather close to the project site. Their installation subcontractor is also relatively close to the project site. Their location just a short distance from the project site will provide DGS and the Client Agency with a quick response time if the need arises. We have worked very well with JCI personnel on several projects in the past and see no reason why this one would be any different. We fully intend to use basis of design equipment for this project. JCI is fully coordinated with the basis of design equipment selections. This will ensure proper coordination between equipment and controls. As mentioned elsewhere, both JCI and their installation subcontractor have experience with the project buildings. JCI’s Designated Critical Work Qualifications Statement is attached.

System-wide Commissioning

As the CX agency is under direct hire by DGS, Midline will have no specific subcontractor for system-wide commissioning. As mentioned elsewhere, Midline has much experience with commissioning and will self-perform the coordination of system-wide commissioning between DGS’s CX agency and our ATC/TAB subcontractors. Midline’s Designated Critical Work Qualifications Statement is attached.

Museum Level Environmental Conditioning

As discussed elsewhere, museum level environmental conditioning will be a collaborative effort between Museum staff, Midline and the .1GC. Specific condition parameters will be discussed at the initial meeting between those entities. It is noted in the specification that there is no expectation to improve on the current environmental conditions. Museum staff will provide trend data to the Contractors for review. Midline will self-perform this designated critical work effort. Midline’s Designated Critical Work Qualifications Statement is attached.

APPENDIX G
DESIGNATED CRITICAL WORK
QUALIFICATIONS STATEMENT

COVER SHEET

PA State Museum & PHMC Tower

DGS Project Name_____

DGS Project Number DGS C-0946-0012 Phase 6

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 Construction (.1 contract)
_____ Sensitive selective demolition
_____ Existing Building envelope modification
_____ Specialty finish restoration and installation
_____ Elevator installation existing building
_____ Structural work

Mechanical (.2 Contract)
_X_ Integrate new systems with existing systems – including DDC controls
_____ System-wide commissioning
_____ Museum level environmental conditioning

Plumbing (.3 Contract)
_____ Fixtures and piping
_____ Fire protection systems

Electrical (.4 Contract)
_____ Emergency generator installation
_____ Lighting installation
_____ New fire and security devices and subpanels tied into proprietary system
_____ Controls and communications devices

Johnson Controls Building Solutions, LLC
Name of Firm _____

Address 195 Limekiln Rd New Cumberland PA 17070

Principal Office 5757 North Green Bay Ave, Milwaukee WI 53029

Owner or Authorized Representative Christopher Barlow

SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? 141 years

b) How many years has the firm been doing business in the proposed contract field? 141 years

Under what former names has the firm conducted business?
Johnson Service Company July 10, 1902 - November 11, 1974
Johnson Electric Service Company July 31, 1900-July 10, 1902
Johnson Controls, Inc. 1974-2025

c) Identify all jurisdictions in which the firm is licensed or otherwise qualified to do business.
Johnson Controls is qualified to do business in all states in the United States.

d) If the firm is a corporation, provide the following information:
Date of incorporation Johnson Controls was initially formed and began in 1885 but not incorporate until July 31, 1900
State of incorporation State of Wisconsin
President's name
Vice President's name(s)
Secretary's name
Treasurer's name

e) If the firm is a partnership, provide the following information:
Date of formation Not applicable
Type of partnership Not applicable
Names of partners Not applicable

f) If the firm is individually owned, provide the following information:
Date of formation Not applicable
Name of owner Not applicable

g) If the form of the firm is other than those listed above, describe it and name the principals:
Not applicable

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 $1,723,914,043

Year 2024 $1,145,142,869

Year 2023 $1,018,367, 354

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

c) List the categories of work that the firm normally performs with its own forces on similar projects. BAS Controls and installation and other HVAC services

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	.35
Year 2:	2024	.34
Year 3:	2023	.42

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:	2024	578
Year 2:	2023	299
Year 3:	2022	920

*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:	2024	.59
Year 2:	2023	.52
Year 3:	2022	.52

*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.

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.

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 x No ___

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 x No ___

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.

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.

Attachment 1

Project 1

Name of project, type of project and location	DGS Capitol Complex Chilled water plant renovation 2019
Description of the project and relevance of work to the Contract Work	Large renovation of central chilled water plant 8,600 tons. VPF control, energy efficiency, and plant optimization.
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.	Corey Lex | Facilities Operations Administrator Dept. General Services | Energy & Resource Mgmt Office 403 North Office Building | Harrisburg, PA 17120 (W) 717.787.4408
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.	Contract value: $500,000
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.	Completion date: 2020
As available, performance ratings of the work evaluated by owner or owner's representative.	Satisfied customer by all measures. JCI continues to provide services on site.

Project 2

Name of project, type of project and location	Penn State Health – Lancaster Medical Center 2160 State Rd, Lancaster, PA 17601
Description of the project and relevance of work to the Contract Work	New Greenfield hospital BAS installation for all mechanical systems. Systems include: Hot water and chilled water plants. Heat pump chillers and heat exchangers.QTY-12 AHUs and DOAS systems, 450+ terminal units (VAVs and FCUs). Pharmacy control systems, lab controls, and kitchen systems.
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.	Dave Barto 717-531-0122 dbarto@pennstatehealth.psu.edu
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.	Contract Value: $ 3,544,675
The original date for project completion and the actual completion date. If the project is ongoing,	Completion Date: August 2022

project the completion date and relation to original schedule.	
As available, performance ratings of the work evaluated by owner or owner's representative.	Satisfied customer by all measures. JCI continues to provide services on site.

Project 3

Name of project, type of project and location	The Hershey Company – RCP Plant
Description of the project and relevance of work to the Contract Work	Brand new chocolate plant. Including three chilled water plants with 8 chillers. Over 20 AHUS and numerous terminal systems
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.	Jake Garber Maintenance Supervisor Reese Chocolate Processing Plant 1000 Reese Ave Hershey, PA 17033-2271 Office: 717-374-0243 jegarber@hersheys.com
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.	Contract value: $1,4000,000
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.	Completion Date: Spring 2025
As available, performance ratings of the work evaluated by owner or owner's representative.	Satisfied customer by all measures. JCI continues to provide services on site.

Attachment 2

Johnson Controls, Building Solutions North America, HVAC Domain
Safety Summary

Pre-bid support team: FieldSafetyTeam@jci.com

CALENDAR YEAR	EXPOSURE HOURS	AVERAGE # OF EMPLOYEES	FATALITIES	CASES WITH DAYS AWAY FROM WORK	LOST TIME INCIDENT RATE (LTIR)	# LOST DAYS	LOST DAY SEVERITY RATE	CASES WITH JOB TRANSFER OR RESTRICTION	CASES WITH DAYS AWAY RESTRICTION OR TRANSFER RATE (DART)	OTHER RECORDABLE (MEDICAL ATTENTION ONLY) CASES	RECORDABLE (MEDICAL ATTENTION ONLY) INCIDENT RATE	TOTAL RECORDABLE CASES	TOTAL RECORDABLE INCIDENT RATE (TRIR)
2024	17,322,384	8,661	0	**9**	**0.10**	578	6.67	23	0.37	19	0.22	**51**	**0.59**
2023	17,285,844	7,957	0	**6**	**0.07**	299	3.46	20	0.30	19	0.22	**45**	**0.52**
2022	20,307,608	9,496	0	**12**	**0.12**	920	9.06	20	0.32	21	0.21	**53**	**0.52**
2021	19,675,755	10,366	0	**11**	**0.11**	738	7.50	28	0.40	18	0.18	**57**	**0.58**
2020	18,284,491	9,142	0	**15**	**0.16**	1937	21.19	24	0.43	22	0.24	**61**	**0.67**

Rate Calculations:

TRIR:
$$\frac{\text{(total recordable only cases) x (200,000)}}{\text{(hours worked)}}$$

LTIR:
$$\frac{\text{(lost time cases) x (200,000)}}{\text{(hours worked)}}$$

LOST DAY SEVERITY RATE:
$$\frac{\text{(\# of actual days lost) x (200,000)}}{\text{(hours worked)}}$$

DART:
$$\frac{\text{(lost time cases + restricted work cases) x (200,000)}}{\text{(hours worked)}}$$

Note: 200,000 is an industry standard representing 100 workers working 40 hours per week, 50 weeks per year.

Johnson Controls, Inc. has the following Safety Programs & Processes in place. Copies can be downloaded from the safety prequalification page.

Program / Safety Work Practice	Yes	Program / Safety Work Practice	Yes
Incident Reporting Process	X	Hot Work Program	X
Asbestos Control Program	X	Housekeeping Program	X
Confined Space Program	X	Ladder Safety Program	X
Cranes/Hoisting/Rigging Program	X	Lead Awareness Program	X
Demolition Program	X	Leading Edge Program	X
Electrical Safety Program	X	Lockout/Tagout Program	X
Excavation/Trenching/Shoring Program	X	Material Handling Program	X
Fall Protection Program	X	Personal Protective Equipment Program	X
Fire Prevention/Protection Program	X	Respiratory Protection Program	X
Hazard Communication Program	X	Audit & Inspection Process	X
Job Hazard Analysis Process	X	Substance Abuse Program	X
New Employee Orientation Process	X	Aerial Work Program	X
Disciplinary Action Process	X	Compressed Air & Gas Program	X
Sub Contractor Prequalification Process*	X	Hand & Power Tools Program	X
Fire Protection & Prevention Program	X	Assured Equipment Grounding Conductor/GFCI Program	X

*Based on customer requirements.

Marsh

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200 Public Square
Suite 3760
Cleveland, OH 44114
T +1 216 937 1495
Dana.Robinson@marsh.com
www.marsh.com

CONFIDENTIAL

Mr. Craig Davis
Associate Director, Global Insurance & Claims
Corporate Risk Management
Johnson Controls International plc
5757 N. Green Bay Ave.
Glendale, WI 53209

October 1, 2025

Subject: Verification of Experience Modification

Dear Craig,

This letter is to verify insured program NCCI Interstate experience modification factors applicable for the current year and five prior years for Johnson Controls US Holdings, Inc. and all subsidiaries and majority owned entities, including Johnson Controls, Inc., Johnson Controls Fire Protection LP, and Johnson Controls Security Solutions LLC. The factors are as follows:

Effective Date of Experience Modification Factor	Experience Modification Factor - JCI	Production Date Experience Modification Factor - JCI	Applies to the Johnson Controls Policy Term
October 1, 2025	0.35	09/03/2025	10/01/2025
October 1, 2024	0.34	08/19/2025	10/01/2024
October 1, 2023	0.42	05/19/2025	10/01/2023
October 1, 2022	0.53	05/19/2025	10/01/2022
October 1, 2021	0.51	09/10/2024	10/01/2021
October 1, 2020	0.51	06/24/2024	10/01/2020

Regards,

Dana J. Robinson

Dana J. Robinson

Attachment 3

Health and Safety Violations 2020-2024
Johnson Controls, Building Solutions North America, HVAC Domain

Inspection due to	Agency/ Inspection No.	Date of Action	Citation/Violation Description	Citation Classification/ Penalty	Outcome	Corrective Action
Accident	MOSH 1761511.015	7/12/2024	1. 1910.147(c)(4)(i) Procedures shall be developed, documented and utilized for the control of potentially hazardous energy when employees are engaged in the activities covered by this section.	1 Serious	$3,550	Employee terminated for violating company policy.
Referral	MOSH 159841.015	5/25/2022	1.1910.147(d)(5)(i) Following the application of lockout or tagout devices to energy isolating devices, all potentially hazardous stored or residual energy shall be relieved, disconnected, restrained, and otherwise rendered safe.	1 Other than Serious	$4,900	Employee terminated for violating company policy.
Referral	OSHA 1509458.015	1/6/2021	1. WAC 296-155-120-1 The employer did not ensure "First-aid training and certification." The employer could not provide a valid first aid certificate to ensure all employees are afforded quick and effective first aid attention in the event of an on the job injury.	1 General	$0	Trained the initial site within 60 days. Plan to train the rest of the state's personnel (WA).

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2020

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

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

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 provision 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	15	24	22
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
887	1,937
(K)	(L)

Injury and Illness Types

Total number of ...	(M)		
(1) Injury	60	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing	0
(3) Respiratory Condition	0	(6) All other illnesses	1

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

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

Establishment Information

Your establishment name: Johnson Controls Inc - Systems and Services North America

Street: 507 E Michigan St

City: Milwaukee State: WI Zip: 53202

Industry description (e.g., Manufacture of motor truck trailers)
Plumbing Heating and Air Conditioning

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

North Amercian Industry Classification System (NAICS)
2 3 8 2 2 0

Employment information

Annual average number of employees: 9,142

Total hours worked by all employees last year: 18,284,491

Sign here

Knowing 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 — EHS Director - North America (Title)

262 227 5368 (Phone) — 1/22/21 (Date)

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year 2021

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

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

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

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provision 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	Total number of other recordable cases
0	11	28	18
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
738	1,803
(K)	(L)

Injury and Illness Types

Total number of ...	(M)		(M)
(1) Injury	54	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing	0
(3) Respiratory Condition	0	(6) All other illnesses	3

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

Establishment Information

Your establishment name: Johnson Controls Systems and Services North America

Street: 507 E Michigan St

City: Milwaukee State: WI Zip: 53202

Industry description (e.g., Manufacture of motor truck trailers)
Plumbing Heating and Air Conditioning

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

North Amercian Industry Classification System (NAICS)
2 3 8 2 2 0

Employment information

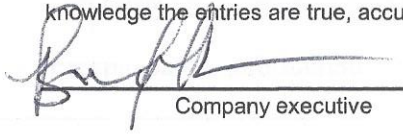
Annual average number of employees: 10,366

Total hours worked by all employees last year: 19,675,755

Sign here

Knowing 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

EHS Director - North America
Title

414-524-6033
Phone

1/25/22
Date

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

Year 2022

Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no 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 death	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	12	20	21
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
920	1,755
(K)	(L)

Injury and Illness Types

Total number of . . (M)			
(1) Injuries	53	(4) Poisonings	0
		(5) Hearing loss	0
(2) Skin disorders	0	(6) All other illnesses	0
(3) Respiratory conditions	0		

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

Establishment information

Your establishment name Johnson Controls Systems and Services North America

Street : 507 E Michigan St

City : Milwaukee State : Wisconsin ZIP : 53202

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

Plumbing Heating and Air Conditioning

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

OR

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

238220

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

Annual average number of employees 9,496

Total hours worked by all employees last year 20,307,608

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

EHS Director - North America

Title

262 227 5368

Phone

1/29/25

Date

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. 1218-017

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 death	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	6	20	19
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
299	2296
(K)	(L)

Injury and Illness Types

Total number of . . (M)			
(1) Injuries	45	(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.

Establishment information

Your establishment name Johnson Controls Systems & Services North America

Street : 507

City : Milwaukee State : Wisconsin ZIP : 53202

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

Plumbing Heating AC

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

OR

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

238220

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

Annual average number of employees 7957

Total hours worked by all employees last year 17285844

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 — Exec EHS Director (Title)

414 524 6033 (Phone) — 1/25/24 (Date)

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

Year 2024

Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no 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 death	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	9	23	19
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
578	1,530
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	51	(4) Poisonings	0
		(5) Hearing loss	0
(2) Skin disorders	0	(6) All other illnesses	0
(3) Respiratory conditions	0		

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

Establishment information

Your establishment name Johnson Controls Systems and Services NA

Street : 5757 North Green Bay Avenue

City : Milwaukee State : Wisconsin ZIP : 53209

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

Plumbing Heating AC

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

OR

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

238220

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

Annual average number of employees 8661

Total hours worked by all employees last year 17322384

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
715-735-7411	1/28/25
Phone	Date

Sr. EHS Manager

Response # 3.6

LIQUIDATED DAMAGES
ADMINISTRATIVE PROCEEDINGS
CIVIL ACTIONS
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Response # 3.8

LIQUIDATED DAMAGES
ADMINISTRATIVE PROCEEDINGS
CIVIL ACTIONS
LIENS

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APPENDIX G
DESIGNATED CRITICAL WORK
QUALIFICATIONS STATEMENT

COVER SHEET

DGS Project Name PA State Museum and PHMC Tower - Infrastructure Upgrades and Renovations

DGS Project Number C-0946-0012 P6

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 Construction (.1 contract)
_____ Sensitive selective demolition
_____ Existing Building envelope modification
_____ Specialty finish restoration and installation
_____ Elevator installation existing building
_____ Structural work

Mechanical (.2 Contract)
_____ Integrate new systems with existing systems – including DDC controls
_X_ System-wide commissioning
_____ Museum level environmental conditioning

Plumbing (.3 Contract)
_____ Fixtures and piping
_____ Fire protection systems

Electrical (.4 Contract)
_____ Emergency generator installation
_____ Lighting installation
_____ New fire and security devices and subpanels tied into proprietary system
_____ Controls and communications devices

Name of Firm Midline Mechanical

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

Principal Office (same as above)

Owner or Authorized Representative Daniel L. Foresman (President), Michael L. Minnich (VP)

SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? 15

b) How many years has the firm been doing business in the proposed contract field? 15

Under what former names has the firm conducted business?

N/A - Matchline is a sister company

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

Midline is qualified to perform HVAC work within the Commonwealth of Pennsylvania

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

Date of incorporation May 2011

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 installation labor

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	0.717
Year 2:	2024	1.025
Year 3:	2023	1.186

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 49.59

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 24.8

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.

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.

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.

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: PA State Museum and PHMC Tower – Infrastructure Upgrades and Renovations

Project Number: DGS C-0946-0012 P6

Appendix G

Attachment 1

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 2 - Appendix G

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: Midline 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:

	(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)	Remained at Work: Job transfer or restriction (I)	Remained at Work: Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Injury (1)	Illness: Skin disorder (2)	Illness: Respiratory condition (3)	Illness: Poisoning (4)	Illness: Hearing loss (5)	Illness: All other illnesses (6)
Reset				__/__ month / day			○	○	○	○	__ days	__ days	○	○	○	○	○	○
Reset				__/__ month / day			○	○	○	○	__ days	__ days	○	○	○	○	○	○
Reset				__/__ month / day			○	○	○	○	__ days	__ days	○	○	○	○	○	○
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Reset				__/__ month / day			○	○	○	○	__ days	__ days	○	○	○	○	○	○
Reset				__/__ month / day			○	○	○	○	__ days	__ days	○	○	○	○	○	○
Reset				__/__ month / day			○	○	○	○	__ days	__ days	○	○	○	○	○	○
Reset				__/__ month / day			○	○	○	○	__ days	__ days	○	○	○	○	○	○
Reset				__/__ month / day			○	○	○	○	__ days	__ days	○	○	○	○	○	○
						Page totals ▶	0	0	0	0	0	0	0	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	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.

Establishment information

Your establishment name: Midline 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: 25

Total hours worked by all employees last year: 41013

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

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:

❶ ***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 = ❶ 25

❷ ***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 = ❷ 52

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

❶ 25 / ❷ 52 = ❸ 0.48

❹ ***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 = ❹ 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 ❶
3	15	
4	30	Number of pay periods = 26 ❷
5	40	830 / 26 = 31.92 ❸
▼ 24	▼ 20	
25	15	31.92 rounds to 32 ❹
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 _____ ***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 _____

Title _____

Phone _____ **Date** _____
Month Day Year

Information about the employee

1) Full name _____

2) Street _____

City _____ **State** _____ **ZIP** _____

3) Date of birth _____
Month Day Year

4) Date hired _____
Month Day Year

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** _____
Month Day Year

12) **Time employee began work** (HH:MM) _____ ○ **AM** ○ **PM**

13) **Time of event** (HH:MM) _____ ○ **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."

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** _____
Month Day Year

Add a Form Page Reset

Optional

Calculating Injury and Illness Incidence Rates

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.

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

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

(a) *To find out the total number of recordable injuries and illnesses that occurred during the year,* count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (H), (I), and (J).

(b) *To find out the number of injuries and illnesses that involved days away from work,* count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year*. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses X *200,000* ÷ *Number of hours worked by all employees = Total recordable case rate*

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) X *200,000* ÷ *Number of hours worked by all employees = DART incidence rate*

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses		200,000	÷	Number of hours worked by all employees	=	Total recordable case rate
0	X			41013		0

Number of entries in Column H + Column I		200,000	÷	Number of hours worked by all employees	=	DART incidence rate
0	X			41013		0

Reset

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

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

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

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: Midline 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	Matthew Price	PipeFitter	01.15.2024	SuSq. HS -Jobsite	Hurt lower back while swinging a sledge	0	4	0	0	4	0	1	0	0	0	0	0
					hammer. Breaking open hole in concrete.												
2	Jackson Griffith	Sheetmetal	01.30.2024	SuSq. HS -Jobsite	Was using a sawzall above his heasd and	0	0	0	0	0	0	1	0	0	0	0	0
					metal went under the glasses into his eyes												
3	Carlos Saavedra	PIpeFitter	01.31.2024	SuSq. HS -Jobsite	Cut his mouth and broke a tooth while drilling	0	2	0	0	2	0	1	0	0	0	0	0
4	Vaughan Ault	PipeFitter	02.19.2024	Lycoming Valley-Jobsite	Fell off ladder and hurt both ankles	0	2	0	0	2	0	1	0	0	0	0	0
5	Scot Bowers	PipeFitter	11.08.2024	ESU-Jobsite	While moving tools, both les and hips	0	0	0	0	0	0	1	0	0	0	0	0
					were hit by a lift												
6	Dustin Wike	Sheetmetal	11.18.2024	ESU-Jobsite	Cut his middle finger on right hand												
					while lifting ductwork	0	4	0	0	4	1	1					
					Page totals	***0***	***12***	***0***	***0***	***12***	***1***	***6***	***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 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

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: Midline 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	Matthew Price	PipeFitter	01.15.2024	SuSq. HS -Jobsite	Hurt lower back while swinging a sledge	0	4	0	0	4	0	1	0	0	0	0	0
					hammer. Breaking open hole in concrete.												
2	Jackson Griffith	Sheetmetal	01.30.2024	SuSq. HS -Jobsite	Was using a sawzall above his heasd and	0	0	0	0	0	0	1	0	0	0	0	0
					metal went under the glasses into his eyes												
3	Carlos Saavedra	PIpeFitter	01.31.2024	SuSq. HS -Jobsite	Cut his mouth and broke a tooth while drilling	0	2	0	0	2	0	1	0	0	0	0	0
4	Vaughan Ault	PipeFitter	02.19.2024	Lycoming Valley-Jobsite	Fell off ladder and hurt both ankles	0	2	0	0	2	0	1	0	0	0	0	0
5	Scot Bowers	PipeFitter	11.08.2024	ESU-Jobsite	While moving tools, both les and hips	0	0	0	0	0	0	1	0	0	0	0	0
					were hit by a lift												
6	Dustin Wike	Sheetmetal	11.18.2024	ESU-Jobsite	Cut his middle finger on right hand												
					while lifting ductwork	0	4	0	0	4	1	1					
					Page totals	***0***	***12***	***0***	***0***	***12***	***1***	***6***	***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 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.

Claim No. Assigned: A224-0371532

Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 01.23.2024

Information about the employee

1) Full Name Matthew Price

2) Street 211 N Main Street PO Box 353

City York New Salem State PA Zip 17371

3) Date of birth 3/19/1991

4) Date hired 09.15.2021

5) [X] Male
[ ] Female

Information about the physician or other health care professional

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

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

Facility Well Span Health

Street Suite 290250 Monument Road

City York State PA Zip 17403

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 01.15.202·

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

13) Time of event 10:00 AM [AM]/PM [ ] Check if time cannot be determined

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

*14) **What was the employee doing just before the incident occurred?** 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 Price was breaking open a hole in conrete for duct penetration, using a sledge hammer.

*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."

Matthew Price hurt his lower back while swingng the sledge hammer.

*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."

Lower back pain

*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.

We sugguest going forward that Matthew uses a longer hammer. He may have swung it a little too hard or the wrong way I the process of breaking concrete.

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

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

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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 02.02.2024

Information about the employee

1) Full Name Jackson Griffith

2) Street 428 N Oak Street

City Lititz State PA Zip 17543

3) Date of birth 2/15/1985

4) Date hired 07.21.021

5) [X] 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 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 01.30.202-2

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

13) Time of event N/A 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."

Jackson was using a Sawzall metal above his head and metal went under his glasses into his eye

*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."

A small piece of metal went into Jackson's eye as he was worklg.

*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."

Metal in eye , caused minor irratation . No treatment needed

*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.

Metal in eye , caused minor irratation . No treatment needed

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 02.23.2024

Information about the employee

1) Full Name Vaughan Ault

2) Street 75 Warren Street

City Montgomery State PA Zip 17752

3) Date of birth 05.15.2001

4) Date hired 07.24.2023

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Abbey Vanderlin

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

Facility Med Express

Street 1953 East 3rd Street

City Williamsport State PA Zip 17701

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 4 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 02.19.202·

12) Time employee began work 6:00 AM AM

13) Time of event 1:45 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."

Vaughna Ault was on a ladder installing duct work.

*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."

Vaughna fell of of the ladder.

*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."

Due to falling off the ladder, Vaughan hurt his ankles.

*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.

When Vaughan fell he must have twisted his ankle.

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 02.02.2024

Information about the employee

1) Full Name Carlos Saavedra

2) Street 116 East Valley Road

City Denver State PA Zip 17517

3) Date of birth 04.30.1986

4) Date hired 07.05.2022

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Gathering Information

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

Facility Gatehrig Information

Street

City State Zip

8) Was employee treated in an emergency room?
[X] Yes
[ ] 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 01.31.202

12) Time employee began work 6:00 AM AM

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."

Carlos was using a cordless drill

*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."

Carlos was using a cordless drill and it gto caught on something. It then hit him in the face, cut his lip and broke his tooth.

*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."

Cut lip, cut inside mouth and brokern tooth.

*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.

Cordless Drill

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 11.08.2024

Information about the employee

1) Full Name Scot Bowers

2) Street 327 Indian Head Road

City Columbia State PA Zip 17512

3) Date of birth 03.15.1965

4) Date hired 06.15.2018

5) [X] 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
[X] No

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

Information about the case

10) Case number from the Log 5 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 11.08.202·

12) Time employee began work 6:00 AM AM

13) Time of event 12:40 PM 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."

The employee, along with others, was in the process of relocating tools at the time of the accident.

***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 relocating tools, an employee's cell phone accidentally struck the outrigger of a telehandler. This caused the lift to sway to the right, resulting in the forks hitting Scot Bowers on both legs.

***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."

Scot Bowers has been experiencing pain in his hips and knees as a result of the accident.

***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.

Scot Bowers was struck the the forks on a lift.

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 11.18.2024

Information about the employee

1) Full Name Dustin Wike

2) Street 28 S. Mountain Road

City Robesonia State PA Zip 19551

3) Date of birth 04.07.1983

4) Date hired 05.20.2024

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
LVPG Express Care

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

Facility LVPG Express Care

Street 200 East Brown Street

City East Stroudsburg State PA Zip 18301

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

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

Information about the case

10) Case number from the Log 6 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 11.18.202

12) Time employee began work 6:00 AM AM

13) Time of event 9:30 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."

At the time of the accident, the employee was working with 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."

He cut his middle finger on 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."

He had to receive stitches due to the cut on his 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.

Ductwork

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

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: Midline 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)
					Page totals	*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.

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

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

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

Establishment information

Your establishment name Midline 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 14

Total hours worked by all employees last year 36,262.20

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

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YEAR 2023
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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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

APPENDIX G
DESIGNATED CRITICAL WORK
QUALIFICATIONS STATEMENT

COVER SHEET

DGS Project Name PA State Museum and PHMC Tower - Infrastructure Upgrades and Renovations

DGS Project Number C-0946-0012 P6

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 Construction (.1 contract)
_____ Sensitive selective demolition
_____ Existing Building envelope modification
_____ Specialty finish restoration and installation
_____ Elevator installation existing building
_____ Structural work

Mechanical (.2 Contract)
_____ Integrate new systems with existing systems – including DDC controls
_____ System-wide commissioning
_X_ Museum level environmental conditioning

Plumbing (.3 Contract)
_____ Fixtures and piping
_____ Fire protection systems

Electrical (.4 Contract)
_____ Emergency generator installation
_____ Lighting installation
_____ New fire and security devices and subpanels tied into proprietary system
_____ Controls and communications devices

Name of Firm Midline Mechanical

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

Principal Office (same as above)

Owner or Authorized Representative Daniel L. Foresman (President), Michael L. Minnich (VP)

SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? 15

b) How many years has the firm been doing business in the proposed contract field? 15

Under what former names has the firm conducted business?

N/A - Matchline is a sister company

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

Midline is qualified to perform HVAC work within the Commonwealth of Pennsylvania

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

Date of incorporation May 2011

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 installation labor

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	0.717
Year 2:	2024	1.025
Year 3:	2023	1.186

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 49.59

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 24.8

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.

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.

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.

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: PA State Museum and PHMC Tower – Infrastructure Upgrades and Renovations

Project Number: DGS C-0946-0012 P6

Appendix G

Attachment 1

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 2 - Appendix G

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 Midline 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:*

	(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)	(G) Death	(H) Days away from work	(I) Remained at Work: Job transfer or restriction	(J) Remained at Work: Other record-able cases	(K) Away from work	(L) On job transfer or restriction	(M) (1) Injury	(2) Illness: Skin disorder	(3) Respiratory condition	(4) Poisoning	(5) Hearing loss	(6) All other illnesses
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
Reset				___ / ___ month / day							___ days	___ days						
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 (1) | Skin disorder (2) | Respiratory condition (3) | Poisoning (4) | Hearing loss (5) | All other illnesses (6)

Add a Form Page

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.

Establishment information

Your establishment name: Midline 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: 25

Total hours worked by all employees last year: 41013

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

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:

❶ ***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 = ❶ 25

❷ ***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 = ❷ 52

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

❶ 25 / ❷ 52 = ❸ 0.48

❹ ***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 = ❹ 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 ❶
3	15	
4	30	Number of pay periods = 26 ❷
5	40	830 / 26 = 31.92 ❸
▼ 24	▼ 20	
25	15	31.92 rounds to 32 ❹
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 _____ ***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 _____

Title _____

Phone _____ **Date** _____
Month Day Year

Information about the employee

1) Full name _____

2) Street _____

City _____ **State** _____ **ZIP** _____

3) Date of birth _____
Month Day Year

4) Date hired _____
Month Day Year

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** _____
Month Day Year

12) **Time employee began work** (HH:MM) _____ ○ **AM** ○ **PM**

13) **Time of event** (HH:MM) _____ ○ **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."

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** _____
Month Day Year

Add a Form Page Reset

Optional

Calculating Injury and Illness Incidence Rates

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.

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

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, *and* for both rates the instructions in paragraph (c).

(a) *To find out the total number of recordable injuries and illnesses that occurred during the year,* count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (H), (I), and (J).

(b) *To find out the number of injuries and illnesses that involved days away from work,* count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) *The number of hours all employees actually worked during the year*. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses X *200,000* ÷ *Number of hours worked by all employees = Total recordable case rate*

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) X *200,000* ÷ *Number of hours worked by all employees = DART incidence rate*

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov/iif or by calling a BLS Regional Office.

Worksheet

Total number of injuries and illnesses		200,000	÷	Number of hours worked by all employees	=	Total recordable case rate
0	X			41013		0

Number of entries in Column H + Column I		200,000	÷	Number of hours worked by all employees	=	DART incidence rate
0	X			41013		0

Reset

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

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

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

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: Midline 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	Matthew Price	PipeFitter	01.15.2024	SuSq. HS -Jobsite	Hurt lower back while swinging a sledge	0	4	0	0	4	0	1	0	0	0	0	0
					hammer. Breaking open hole in concrete.												
2	Jackson Griffith	Sheetmetal	01.30.2024	SuSq. HS -Jobsite	Was using a sawzall above his heasd and	0	0	0	0	0	0	1	0	0	0	0	0
					metal went under the glasses into his eyes												
3	Carlos Saavedra	PIpeFitter	01.31.2024	SuSq. HS -Jobsite	Cut his mouth and broke a tooth while drilling	0	2	0	0	2	0	1	0	0	0	0	0
4	Vaughan Ault	PipeFitter	02.19.2024	Lycoming Valley-Jobsite	Fell off ladder and hurt both ankles	0	2	0	0	2	0	1	0	0	0	0	0
5	Scot Bowers	PipeFitter	11.08.2024	ESU-Jobsite	While moving tools, both les and hips	0	0	0	0	0	0	1	0	0	0	0	0
					were hit by a lift												
6	Dustin Wike	Sheetmetal	11.18.2024	ESU-Jobsite	Cut his middle finger on right hand												
					while lifting ductwork	0	4	0	0	4	1	1					
					Page totals	***0***	***12***	***0***	***0***	***12***	***1***	***6***	***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 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

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: Midline 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	Matthew Price	PipeFitter	01.15.2024	SuSq. HS -Jobsite	Hurt lower back while swinging a sledge	0	4	0	0	4	0	1	0	0	0	0	0
					hammer. Breaking open hole in concrete.												
2	Jackson Griffith	Sheetmetal	01.30.2024	SuSq. HS -Jobsite	Was using a sawzall above his heasd and	0	0	0	0	0	0	1	0	0	0	0	0
					metal went under the glasses into his eyes												
3	Carlos Saavedra	PIpeFitter	01.31.2024	SuSq. HS -Jobsite	Cut his mouth and broke a tooth while drilling	0	2	0	0	2	0	1	0	0	0	0	0
4	Vaughan Ault	PipeFitter	02.19.2024	Lycoming Valley-Jobsite	Fell off ladder and hurt both ankles	0	2	0	0	2	0	1	0	0	0	0	0
5	Scot Bowers	PipeFitter	11.08.2024	ESU-Jobsite	While moving tools, both les and hips	0	0	0	0	0	0	1	0	0	0	0	0
					were hit by a lift												
6	Dustin Wike	Sheetmetal	11.18.2024	ESU-Jobsite	Cut his middle finger on right hand												
					while lifting ductwork	0	4	0	0	4	1	1					
					Page totals	***0***	***12***	***0***	***0***	***12***	***1***	***6***	***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)

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OSHA's Form 301
Injuries and Illnesses Incident Report

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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.

Claim No. Assigned: A224-0371532

Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 01.23.2024

Information about the employee

1) Full Name Matthew Price

2) Street 211 N Main Street PO Box 353

City York New Salem State PA Zip 17371

3) Date of birth 3/19/1991

4) Date hired 09.15.2021

5) [X] Male
[ ] Female

Information about the physician or other health care professional

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

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

Facility Well Span Health

Street Suite 290250 Monument Road

City York State PA Zip 17403

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 01.15.202·

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

13) Time of event 10:00 AM [AM]/PM [ ] Check if time cannot be determined

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

*14) **What was the employee doing just before the incident occurred?** 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 Price was breaking open a hole in conrete for duct penetration, using a sledge hammer.

*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."

Matthew Price hurt his lower back while swingng the sledge hammer.

*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."

Lower back pain

*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.

We sugguest going forward that Matthew uses a longer hammer. He may have swung it a little too hard or the wrong way I the process of breaking concrete.

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 02.02.2024

Information about the employee

1) Full Name Jackson Griffith

2) Street 428 N Oak Street

City Lititz State PA Zip 17543

3) Date of birth 2/15/1985

4) Date hired 07.21.021

5) [X] 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 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 01.30.202-2

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

13) Time of event N/A 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."

Jackson was using a Sawzall metal above his head and metal went under his glasses into his eye

*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."

A small piece of metal went into Jackson's eye as he was worklg.

*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."

Metal in eye , caused minor irratation . No treatment needed

*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.

Metal in eye , caused minor irratation . No treatment needed

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 02.23.2024

Information about the employee

1) Full Name Vaughan Ault

2) Street 75 Warren Street

City Montgomery State PA Zip 17752

3) Date of birth 05.15.2001

4) Date hired 07.24.2023

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Abbey Vanderlin

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

Facility Med Express

Street 1953 East 3rd Street

City Williamsport State PA Zip 17701

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 4 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 02.19.202·

12) Time employee began work 6:00 AM AM

13) Time of event 1:45 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."

Vaughna Ault was on a ladder installing duct work.

*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."

Vaughna fell of of the ladder.

*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."

Due to falling off the ladder, Vaughan hurt his ankles.

*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.

When Vaughan fell he must have twisted his ankle.

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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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.

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 02.02.2024

Information about the employee

1) Full Name Carlos Saavedra

2) Street 116 East Valley Road

City Denver State PA Zip 17517

3) Date of birth 04.30.1986

4) Date hired 07.05.2022

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
Gathering Information

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

Facility Gatehrig Information

Street

City State Zip

8) Was employee treated in an emergency room?
[X] Yes
[ ] 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 01.31.202

12) Time employee began work 6:00 AM AM

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."

Carlos was using a cordless drill

*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."

Carlos was using a cordless drill and it gto caught on something. It then hit him in the face, cut his lip and broke his tooth.

*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."

Cut lip, cut inside mouth and brokern tooth.

*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.

Cordless Drill

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 11.08.2024

Information about the employee

1) Full Name Scot Bowers

2) Street 327 Indian Head Road

City Columbia State PA Zip 17512

3) Date of birth 03.15.1965

4) Date hired 06.15.2018

5) [X] 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
[X] No

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

Information about the case

10) Case number from the Log 5 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 11.08.202·

12) Time employee began work 6:00 AM AM

13) Time of event 12:40 PM 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."

The employee, along with others, was in the process of relocating tools at the time of the accident.

***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 relocating tools, an employee's cell phone accidentally struck the outrigger of a telehandler. This caused the lift to sway to the right, resulting in the forks hitting Scot Bowers on both legs.

***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."

Scot Bowers has been experiencing pain in his hips and knees as a result of the accident.

***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.

Scot Bowers was struck the the forks on a lift.

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

OSHA's Form 301
Injuries and Illnesses Incident Report

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

Form approved OMB no. 1218-0176

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Completed by Faith Contreras

Title Office Manager

Phone (717)721-3160 Date 11.18.2024

Information about the employee

1) Full Name Dustin Wike

2) Street 28 S. Mountain Road

City Robesonia State PA Zip 19551

3) Date of birth 04.07.1983

4) Date hired 05.20.2024

5) [X] Male
[ ] Female

Information about the physician or other health care professional

6) Name of physician or other health care professional
LVPG Express Care

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

Facility LVPG Express Care

Street 200 East Brown Street

City East Stroudsburg State PA Zip 18301

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

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

Information about the case

10) Case number from the Log 6 *(Transfer the case number from the Log after you record the case.)*

11) Date of injury or illness 11.18.202

12) Time employee began work 6:00 AM AM

13) Time of event 9:30 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."

At the time of the accident, the employee was working with 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."

He cut his middle finger on 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."

He had to receive stitches due to the cut on his 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.

Ductwork

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

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

Log of Work-Related Injuries and Illnesses

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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: Midline 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)
					Page totals	*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.

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

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

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

Establishment information

Your establishment name Midline 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 14

Total hours worked by all employees last year 36,262.20

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.

YEAR 2023
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

T-2A Project Management Team

In terms of the project management team for Midline and the subcontractors performing the designated critical work, Midline Mechanical has assembled what we feel to be the best team for the PA State Museum and PHMC Tower project.

Roles and Responsibilities for this project

Dan Foresman and Mike Minnich, (Midline's President and Vice-President, respectively) will assist in upper-level management of this project via daily contact with the Project Manager. For Midline, 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. Mike Minnich will also serve as the security coordinator as required by the Capitol Complex Security Program specification. 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. Midline's project experience (detailed in T-1C, Appendix G) highlights our ability to successfully complete this project.

For our ATC subcontractor, Christopher Barlow will serve as the lead liaison for JCI. Christopher has 15+ years of experience with JCI and in the past has actually worked on the project building. Serving as Project Manager for JCI will be Eric Kendig, who has 15+ years of experience at JCI with various aspects of ATC systems. Engineering of the ATC systems will be

handled by Nick Tezak, who possesses 27 years of experience related to ATC systems. Nick was also responsible for ATC engineering for the original project here, so that lends well to continuity and achieving a better final product. ATC field installations will be supervised by Jason Hockenberry, who has 30+ years of experience at JCI with various aspects of ATC system design/implementation. JCI's project experience (detailed in T-1C, Appendix G) highlights their ability to successfully complete this project.

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

Christopher J. Barlow

Education

Drexel University — Graduation Date
Philadelphia, PA — Spring 2016
Master of Science — GPA
Construction Management — 3.9

- Concentration - Sustainability and Green Construction

Pennsylvania College of Technology — Graduation Date
Williamsport, PA — May 2010
Bachelors of Science — GPA
Heating, Ventilation & Air Conditioning Design Technology — 3.7

- The National Scholars Honors Society (Cum Laude)
- Dean's List
- ASHRAE Student Design Competition: HVAC System Selection

Certifications and Competencies

- Dale Carnegie Course Graduate - 2016
- Member of ASHRAE and AEE
- Universal RSES Refrigerant Usage Certification

Experience

Work Experience

- Johnson Controls, Inc. – Account Executive — 2022 ~ Present
- Johnson Controls, Inc. – Branch Installation Manager — 2018 ~ 2022
  - Successfully managed central PA business ~50M portfolio.
- Johnson Controls, Inc. – Senior Project Engineer (Inside Sales) — 2013 ~ 2018
  - Responsible for executing equipment projects. This includes selecting applied and commercial HVAC equipment for engineers, owners, and contractors.
- Johnson Controls, Inc. – Controls System Technician — 2010 ~ 2013
  - Field programming, commissioning, and troubleshooting of building automation systems.

Relevant Project Experience:

- Competent in sales and execution of Chilled Water Plants
  - Capitol Chilled Water Plant (Installation Manager) – Original controls project renovation 2019
  - Geisinger Health (Account Manager / Installation Manager) – Over 35 chillers and multiple chilled water plants.
  - The Hershey Company (Account Manager / Installation Manager) – New Chocolate Plant including 2 large CHWPs, Y+S CHWP expansion and, various other projects / retrofits
  - Penn State Health (Installation Manager)– Lancaster Medical Center, Hampden Medical Center, Childrens Hospital, all with CHWP.
  - Church and Dwight (Account Manager) – New chilled water plant, plant controls upgrade.
  - Various others – First Quality, TE connectivity, Ft Meade, etc.

Nicholas Tezak

Systems Engineer

27 Years in the industry

17 Years with Johnson Controls

Responsibilities

- Responsible for the design and installation of BACnet and LonWorks building automation systems.
- Perform software development, testing, and modifications as necessary to complete systems per project requirements.
- Perform the loading, commissioning, and diagnostics of system controllers, network controllers and associated instrumentation.
- Generate and execute commissioning and validation documentation.
- Supervise co-workers and subcontractors.
- Provide site-specific training to customers, co-workers and subcontractors.

Educational Background

Associate in Electronics and Computer Engineering Technology, NEC/Thompson Institute
1991-1992

- Provided hands on training of electronic components and circuits for design, plus in-depth study of personal computer operation and repair.

Heating Ventilation and Air-conditioning, Harrisburg Area Community College
1995-1997

- Prepares for a position as a service technician or installer.
- Universal and automotive refrigerant certification.

Employment History

Johnson Controls, Inc.
2006-Present
Systems Engineer

Susquehanna Area Regional Airport Authority
1998-2006
Harrisburg International Airport Worker III

- Responsible for the maintenance and management of the HVAC systems.
- Implemented and executed the preventative maintenance program for HVAC mechanical equipment.
- Manage and maintain the DDC and pneumatic control systems such as Johnson Controls, T.A.C , and Carrier Comfort Works.
- Obtained class B CDL to operate heavy equipment for airport snow removal operations.
- Certified from 1999-2005 as an AHERA Asbestos Supervisor.

Matt Corporation
1996-1998
HVAC Technician

- Perform Preventative maintenance and repairs to various residential and commercial HVAC equipment.

Major Relevant Projects

- Penn State Health Lancaster Medical Center, Lancaster, PA - $3,544,675 BAS contract
- Penn State Health Hampden Medical Center, Enola, PA - $1,914,579 BAS contract
- Geisinger Medical Center – Muncy, PA - $1,494,266 BAS contract
- UPMC Pinnacle Memorial Hospital, York, PA - $1,065,808 BAS contract

Johnson Controls

Eric Kendig

Education

Pennsylvania College of Technology — Graduation Date
Williamsport, PA — May 2007
Associate of Science
Electromechanical Technology

Experience

Work Experience

- Johnson Controls, Inc. – Branch Installation Manager — 2022 ~ Present
- Johnson Controls, Inc. – Project Manager — 2021 ~ 2022
  - Responsible for managing a portfolio of major control projects
- Johnson Controls, Inc. – Lead System Specialist — 2016 ~ 2021
  - Responsible for managing a portfolio of control projects including hardware design and software development.
- Johnson Controls, Inc. – Controls System Technician — 2010 ~ 2016
  - Field programming, commissioning, and troubleshooting of building automation systems.

Relevant Project Experience:

- Competence in execution of Chilled Water Plants
  - Geisinger Health (Installation Manager) – Over 35 chillers and multiple chilled water plants.
  - The Hershey Company (Installation Manager) – New Chocolate Plant including 2 large CHWPs, Y+S CHWP expansion and, various other projects / retrofits
  - Penn State Health (Project Manager Manager)– Lancaster Medical Center, Hampden Medical Center, Childrens Hospital, all with CHWP.
  - UPMC York Memorial Hospital (Project Manager) – New hospital with chilled water plant
  - Various others

Jason A. Hockenberry

Education

Pennsylvania State University — Graduation Date
State College, PA — May 1992
BS – Mechanical Engineering

Experience

Work Experience

- Johnson Controls, Inc. – Controls Systems Team Leader — 2019 ~ Present
  - Responsible for managing control technicians and ensuring success in all technical aspects of central PA branch projects.
  - Training and managing of control technicians.
  - Manage Branch Systems Operations Team consisting of Systems Technicians. Assign appropriate resources (Systems Technicians, specialized tools/equipment, etc.) to the Lead Systems Specialists Projects. Provide site coordination support on Projects of higher complexity as needed.
- Johnson Controls, Inc. – Controls System Engineer — 1995 ~ 2019
  - Responsible for the design, configuration, and operation of complete building control systems and data networks to meet the intent of the project requirements. Responsible for the development, commissioning and troubleshooting of complex software programs to ensure proper operation of the building control systems.

Relevant Project Experience:

- Competence in execution of Chilled Water Plants
  - Capitol Chilled Water Plant (Engineer) – Original controls project renovation 2019
  - Penn State Hershey Medical Center, Children's Hospital
  - Penn State Hershey Medical Center, Chiller Plant Optimization – Multi-Chiller Plant requiring 24/7 operation during cooling season DDC Controls Upgrade / Retrofit Implemented software to automate systems previously operated manually Improved the stability of systems that had long been difficult to control Coordinated integration requirements with Optimum Energy's platform
  - Hershey Foods Data Center, Chiller Plant –Multi-Chiller Plant requiring 24/7 operation DDC Controls Upgrade / Retrofit Complete hardware / software design and system commissioning
  - PA Turnpike Commission Data Center, Chiller Plant –Fully Redundant Chilled Water Plant requiring 24/7 operation New Construction Complete software design and system commissioning
  - The Hershey Company – New Chocolate Plant including 2 large CHWPs, Y+S CHWP expansion and, various other projects / retrofits
  - Penn State Health– Lancaster Medical Center, Hampden Medical Center, Childrens Hospital, all with CHWP.
  - UPMC York Memorial Hospital – New hospital with chilled water plant
  - Various others

T-2B Work Plan and Schedule

Midline 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, Maintaining safe and secure ingress & egress, and quality control.

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. Midline 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 certain pieces of mechanical equipment in and on the various buildings. It will be critical that have the necessary equipment on-hand and we will need to coordinate closely with the .1 General Contractor to ensure that our equipment can be craned into position or otherwise set prior to placement of the structural components. 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

Midline 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 Midline due to some long-anticipated equipment lead times. 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 the Specifications appear to be listed in a logical order and therefore we will not have any issue integrating them 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 (26-40 weeks) and the chillers (26 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. Midline 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, Midline will time equipment releases to coincide as close as possible to project needs. During the project, Midline 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, Midline 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. Midline will procure the appropriate vendors and subcontractors and request submittal information. Upon in-house review, Midline will take the

necessary steps to submit and gain approval for equipment submittals. At the same time, Midline 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. Midline 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. 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

Midline fully understands the identified site constraints for this project. The primary site constraints are working in and around existing museum exhibits and very limited access to the 4th Floor collections area. We will work with the .1 GC to make sure any exhibit is protected prior to us performing work in that area. Similarly, we will plan our work on the 4th Floor Collection space very carefully and well in advance so that a staff member can make arrangements to escort us in that area. Other site constraints which affect our work are basic site logistics and area for crane set-up. Having worked on the nearby Forum project, we are well versed in site spatial constraints and we feel that we have a workable plan for dealing with these issues.

Maintain safe & secure ingress & egress

In general, the work performed required of the .2 HVAC Contract will not create ingress or egress issues. If an aspect of our work would create this situation, we will consult with the .1 GC and staff to discuss alternative plans or the most proper time to perform this work. Ingress and egress are also a safety concern, discussed in Section T-2C.

Quality Control

As mentioned elsewhere, the Owners and project managers of Midline take a very personal approach to our quality of workmanship. For Midline, our Quality Control (QC) starts prior to the bid. We thoroughly review the Contract Documents to obtain a full understanding of the project requirements. Upon award, we shift our focus to thorough technical review of all submittal data to ensure that every nuance of the specifications is covered by the products/services that we are proposing for use. During construction, our field superintendents receive deliveries and make sure that the delivered materials match the approved submittal and are free from defects. We train our site superintendents to be vigilant on the matter of quality control, and they are managements daily "eyes and ears" on the site. The superintendents monitor the installations of our field staff, with emphasis on making sure the installations of equipment are in accordance with the Installation, Operation and Maintenance (IOM) data for the specific piece of equipment. The field superintendents direct our employees to make whatever corrections are necessary. When the Owners and Project Managers perform our site walks, we are looking primarily at the quality of workmanship being produced by our field staff. We make directives and/or offer suggestions as dictated by the situation, and we follow-up with our staff at a later date to ensure that the issue was remedied. Since this is a commissioned project, there is an additional layer of quality control inherent to this project. As mentioned elsewhere, we work closely with the CX agent to discuss and make corrections to all noted deficiencies.

In general, 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. We 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.

b. Schedule

In general, Midline will provide preliminary schedule input to the .1 GC for incorporation into their 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 the Tower will be more readily available for demolition, that appears to be the selected

starting point for field work. As Midline'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

Midline 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 these buildings are more than one story and will have significant work in open shafts, proper rigging and employee protection will be paramount. Since the specifications call for our larger piping systems to be welded, welding safety, fire watch, hoisting safety and hot work permits will be of utmost importance. As some of this welding will need to be performed in the chase, appropriate safety practices and ventilation will be required. Also due to the multi-story nature of the buildings, a detailed plan for ingress/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. Midline 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.

Midline 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

Midline 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

Midline uses our own internal spreadsheet to track change orders. 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

Midline 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

designed 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

Midline 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 generated 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, Midline 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

Midline 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.

Midline 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 approximately (2) years 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 Midline Mechanical and Matchline 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 by Midline due to our ability to properly and dynamically staff the project. Midline 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 Midline'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. 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 make available 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. Specific skill training is often required to achieve/maintain the warranty for proprietary refrigerant systems, such as VRV/VRF systems. 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 Midline Mechanical make periodic site visits to ensure that the work is being performed to their standards.

Midline 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, Midline 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. Midline 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 Midline 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 Midline to be very professional and proactive in terms of jobsite safety. Midline 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 Midline 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: _____
Michael L. Minnich \ Vice-President

By: _____ \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: _____
Secretary

By: _____
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: C-0946-0012 P6

I state that I am the President (Title) of Midline 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. Midline 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:

   none

I state that Midline 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 10th DAY OF February, 2026.

Faith Bethany Mendez
Notary Public

My Commission Expires
February 10, 2029

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