



**TSB Inc.
dba
Schultheis
Electric**

**PO Box 798
Latrobe, PA 15650**

**Timothy J. Schultheis II
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Technical Submittal

PREPARED FOR:

**PA Department of General Services
Project No. DGS C-0372-0005 Phase 1 - Rebid
.4 Electrical Construction**

**SCI Greene – Renovate Switchgear & Generators
Waynesburg, Greene County, Pennsylvania**



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T-1A – Introduction to the Project Team

TSB Inc dba Schultheis Electric is a growing leader in electrical construction in Western and Central Pennsylvania. Schultheis Electric has an unparalleled track record in safety and quality, and we believe the two form the foundation of all other things we do. Schultheis Electric's main office is located on 17 Acres at 304 Sanford St. Latrobe, PA, where we have 4 buildings, and a second office located in Tyrone, PA serving central Pennsylvania.

Schultheis Electric was started May 15, 1979 by Tim Schultheis Sr. and has steadily grown to a premier, full service Electrical Construction and Service company with approximately 125 full time employees. Schultheis Electric performs over \$30 million dollars of electrical work per year, specializing in all of the identified Critical Work types. We are licensed and perform work in Pennsylvania, Ohio, West Virginia and Maryland with the vast majority of the work for state owned entities and industrial customers in central and western Pennsylvania.

Schultheis Electric is a signatory contractor with the International Brotherhood of Electrical Workers, International Union of Operating Engineers, Bricklayers and Allied Craftworkers, Cement Masons, Laborers District Council of Western PA, and the United Brotherhood of Carpenters and Joiners of America. All work that we do is focused around electrical construction and these ancillary trades allow us to self-perform all work in our contract. The majority of our full-time employees are electricians, technicians and linemen, but we also keep a small number of operators, laborers and carpenters on hand for site and utility work associated with our electrical contracts. If required, we can pull from the local union halls prequalified individuals that have worked for us in the past or meet the qualifications, safety and drug testing standards.

These agreements allow Schultheis Electric to supply qualified, trained, drug-free craftspeople on all of our jobs and perform our complete electrical scope of work, including ancillary portions, effectively. Schultheis Electric utilizes the same electricians in the field as in our fabrication shop. We typically try to utilize the same electricians that will be installing the equipment in the field in our fabrication phase to minimize rework and retraining.

We have two shop locations for prefabrication, panel building and power breaker repair, retrofitting and testing and both are adjacent to our respective offices in Latrobe and Tyrone, PA. The total size of our Latrobe facility fabrication and panel shop space is 3,000 sf and Tyrone has approximately 1,200 sf. This is in addition to typical shop, garage and storage space. We also have the climate controlled space to stage and store equipment before it is shipped to the jobsite. This will be a critical advantage for this project, depending on what base bids are selected.

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Project Team Personnel and Roles:

Project Executive: **Timothy J. Schultheis II, P.E.**

Role: As the Project Executive, Mr. Schultheis works closely with all team members to ensure the appropriate support and resources are provided for each assignment. Mr. Schultheis will lead weekly meetings with primary team members to review project progress, challenges and proposed solutions. Mr. Schultheis brings a unique and diverse skill set to this project for the Department of General Services. His background includes extensive design, field services and construction, testing, maintenance and electrical engineering for medium and low voltage electrical distribution. Mr. Schultheis would be responsible for technical review of all submittals, coordination of shop drawings and modeling activities, testing, recommended actions and remediation of all deficiencies. Mr. Schultheis is on the National Electrical Code Correlating Committee and is one of two Principals on Code Making Panel 9, which covers transformers, panelboards, switchboards and equipment over 1000V, representing the Installer/Maintainer category on behalf of the National Electrical Contractors Association.

Mr. Schultheis is actively involved in the Quality Control/Quality Assurance and Safety Programs for the company. His duties include attending pre-bid and concurrent planning events to ensure client cohesiveness, coordination, and scheduling of services. His experience in the electrical construction industry includes project management, inspections, engineering, and design. Mr. Schultheis offers extensive experience in project management using Autodesk Constructware, Procore, PlanGrid, drafting and design software and technical guidance in electrical construction.

Project Manager: **Ken Mickinac**

Role: As the Project Manager, Mr. Mickinac works closely with members of core planning to ensure the appropriate support is provided for each contract assignment. His duties include attending project meetings and planning events to ensure client cohesiveness, coordination and scheduling of material deliveries, direction and management of electricians, and Quality Assurance Management. Mr. Mickinac will be the primary day to day contact on the project representing Schultheis Electric. His experience in the electrical construction industry includes project management, estimating, BIM coordination and contract risk management. His experience in the electrical construction industry includes heavy industrial, municipal, healthcare, and commercial applications for electric power distribution, controls, instrumentation, communication and audio/visual work. His customer-focused and cooperative manner results in quality construction, done on time, with very few change orders.

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Project Superintendent: **David Vargo**

Role: Superintendent/Foreman Electrician, Mr. Vargo works closely with the Project Manager to ensure the appropriate management support is provided for each assignment. His duties include attending job meetings to ensure client cohesiveness and deadline management, coordinate receipt of material deliveries, direction and management of electricians and other craftsman, Quality Assurance Management and Job Safety Awareness. His experience in the electrical construction industry includes commercial, light and heavy industrial electrical, low and medium voltage distribution, building control – fire and security system installation, industrial and switchgear controls, motor control, utility work overhead and underground and traffic control systems.

Mr. Vargo also holds many safety certifications and is actively involved in the company safety program. Mr. Vargo has extensive experience leading high profile, challenging projects with multiple systems. He has successfully led some of the largest projects completed by Schultheis Electric. His technical ability, foresight and planning while maintaining a superior safety record has led him to the forefront as our recommended project superintendent/foreman.

Notable projects lead by Dave Vargo include Washington County 911 Center Switchgear, UPS and Generator Upgrades, Timet Titanium Mill 69 kV Substation and Power Distribution, PA Fish Commission Medium Voltage Transformer Failure Emergency Response, Elliott Company 25kV Substation and Test Stand, Washington County Airport and Data Center Upgrades.

History & Working Relationships:

Schultheis Electric has a long, extensive relationship with both the Department of General Services, the PA Department of Corrections and the Engineering Firm, HF Lenz Company.

Schultheis Electric has completed several dozen contracts for the Department of General Services. Our first major project with DGS was the rehabilitation of the Big Savage Mountain Tunnel on the border of Pennsylvania and Maryland in 2001. Schultheis Electric ended up winning an Outstanding Craftsmanship and Lighting Award from the Electric League of Western Pennsylvania for the project. Since then, we have completed dozens of projects, large and small for many agencies covered by DGS. Schultheis Electric currently holds the Department of General Services, Job Order Contract for central and western Pennsylvania.

In the last several years, Schultheis Electric has completed several successful projects for the Department of Corrections. The projects included switchgear and generator replacements. We are currently in the process of working on the SCI Smithfield, Cambridge Springs and Fayette Facilities which include new switchgear and generator systems. We also replaced the paralleling switchgear controls system at SCI Somerset while the facility continued to operate. The project included removing antiquated PLCs and analog controls and replacing it with new

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controllers by Russelectric. Additional large projects completed for the Department included a design/build perimeter cameras system at SCI Somerset, new access control and cameras at SCI Mercer and SCI Albion and Fire Alarm upgrades at SCI Forest.

Schultheis Electric has completed numerous projects with and for HF Lenz Company. Many of these projects were on critical systems, similar to the ones found in this facility. Schultheis Electric has worked as a subcontractor to HF Lenz and has been the prime contractor with HF Lenz hired as a consultant. The projects include design/build plan for replacing multiple large Uninterruptible Power Supply Systems in a working data center for Xerox Corporation, Replacement of nine critical Uninterruptible Power Supply Lighting Inverter Systems at a State of Maryland Corrections facility, bank renovations, emergency power upgrades for educational facilities, and infrastructure assessments and upgrades.

Schultheis Electric will self-perform all electrical work on the project.

Understanding of Services and Materials Required:

Schultheis Electric has an in-house quality control plan for review of all plans and specifications to verify the required scopes of services and material types required. The project will require technical expertise in several critical work types for this facility. The rework of the switchgear bussing and equipment of the existing switchgear was called out to be completed by Engineering Field Services. The traditional field service teams from the equipment manufacturers were unable and unwilling to provide this service for this project and Schultheis Electric has the in-house capabilities and often teams with independent equipment manufacturers like Circuit Breaker Sales NE and Voyten Electric for fabrication and components for listed OEM parts, supports and bussing.

Schultheis Electric has also retrofitted and replaced similar vintage equipment by the same manufacturer that is found at this facility at several industrial facilities in southwestern Pennsylvania.

An additional area of importance with our experience with this scope of work will be our ability to accurately estimate length of time needed and coordinate outages with the facility. This will be critical to the operation of the facility. This work must be done safely and efficiently with a company experienced in this type of work.

Schultheis Electric also demonstrated its thoroughness in review of the documents by submitting multiple Request for Information (RFI) entries. By doing this, Schultheis Electric was trying to clarify any items that were not clear during the bidding.

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Understanding of Supply Chain Issues with New Equipment and Schedule Implications

Schultheis Electric is in daily communications with our equipment suppliers because of the unprecedented problems the industry is facing with the supply chain. All electrical distribution manufacturers for switchgear, breakers and transformers are operating at capacities never seen before. Several have made investments in additional domestic manufacturing plants, but it will be at least a couple more years before we see the positive impacts that will make. When we built our schedules and provided the lead times, we have conservatively estimated these dates based on recent experience. We have found the factories need longer lead times to produce shop drawings and submittals than was traditionally available and this is also reflected in our schedule.

Our intentions are to release equipment as soon as feasible, and we have the space to stage and store it at our facilities in climate controlled space until it is needed. We have found this is the best way to mitigate the risk. Historically we would have provided preferred ship dates to the manufacturers to fit nicely into a just in time schedule so the equipment is not handled multiple times but this introduces the chance for a component shortage that will severely impact the equipment's ability to be tested and shipped on those dates. We now take the soonest manufacturing dates available and store the equipment until it is needed.

Properly reviewing the quotations and proposals of the suppliers and verifying they are submitting the proper equipment the first time reduces overall lead time and this is something Schultheis Electric takes pride in.

Experience Accommodating Unique Restrictions and Requirements while Completing Work Inside of a Correctional Institution:

In recent years Schultheis Electric has completed numerous projects for the Pennsylvania Department of Corrections, Federal Corrections and Maryland Corrections. Below is a list of projects completed in the last several years.

- SCI Cambridge Springs - Medium Voltage Transformer Replacement (Inside fence)
- SCI Forest - Medium Voltage Transformer Maintenance Modifications
- SCI Forest – Fire Alarm Upgrades to Housing Units
- SCI Forest – Saly Port Replacement
- SCI Forest – Boiler Replacement
- SCI Mercer – Lighting Inverter Upgrades
- SCI Pine Grove – Medium Voltage Equipment Repairs and Maintenance
- SCI Mercer – Camera System Design and Upgrades
- SCI Mercer – Housing Unit Rooftop Unit Replacement
- SCI Albion – Water Bypass System at Storage Tank
- SCI Mercer – Video Monitoring Headend Replacement

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SCI Pine Grove – Emergency Response to Failed Medium Voltage Switch
SCI Greene – Source Transfer Switch Repairs and Testing
SCI Somerset – Laundry Building Roof Replacement
SCI Mercer – Power System Studies and One Line Drawings
SCI Somerset – Paralleling Switchgear Upgrades
SCI Mercer – UPS Replacement for Administration Building
SCI Somerset – Perimeter Camera Design and Upgrades
SCI Forest – RHU Pens in Slab Heating
SCI Mercer – 15kV Overhead Repairs
SCI Somerset – Correction Industries Laundry Upgrades
SCI Cambridge Springs – PIDS Upgrades
SCI Houtzdale – Medium Voltage Air Switch Repairs
SCI Mercer – New Overhead Fiber Optic Backbone from Utility Interconnect.
SCI Cambridge Springs – 5kV Feeder Replacement
SCI Mercer – Building Integration and Access Controls
SCI Somerset – G Unit HVAC Unit Replacement
SCI Fayette – Paralleling Switchgear Repairs and Testing
SCI Somerset – Multiple Buildings Lightning Protection
SCI Cambridge Springs – Fire Alarm System Upgrades
SCI Cambridge Springs – Testing and Maintenance of MV Generator and Transfer Equipment
SCI Pine Grove – Generator Engine Repairs
SCI Somerset – PIDS and Door Controls Emergency Repairs
SCI Albion – Camera Upgrades
SCI Albion – PIDS and Phone System – Emergency Repairs
SCI Somerset – Water Tank Automation and Building Controls
SCI Mahanoy – Troubleshoot Medium Voltage Switchgear Controls
SCI Cambridge Springs – Relocate MV Generator from SCI Graterford (in progress)
SCI Mercer – Utility Pole Replacements from Storm Damage
SCI Forest – Gutter Snow/Ice Melt System
SCI Somerset – Central Utility Plant Switchgear Maintenance & Repairs
SCI Albion – 15kV Switch Failure Emergency Response and Repairs
SCI Dallas – Camera System Installation and Testing
SCI Cambridge Springs – Camera Design
SCI Somerset – Dietary Exhaust Upgrades
SCI Pine Grove – UPS System Replacement
SCI Houtzdale – Phone Trunk Line Replacement
SCI Pine Grove – Sewage Rake and Controls
SCI Cambridge Springs – Dietary Boiler Replacements
SCI Quehanna Boot Camp – Roof Top Unit Replacement
SCI Fayette – Lighting Control Upgrades
SCI Laurel Highlands – UPS and Generator Roll Up Box Installation
SCI Fayette – Central Utility Plant Upgrades, Paralleling Gear Replacement and New Generator (In Progress)

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SCI Chester – Camera Design
SCI Albion & Mercer – Remote Troubleshooting Control Panels
SCI Houtzdale – Fiber Repairs from Excavation Contractor Damage (Emergency Response)
SCI Pine Grove – Intercomm System Upgrades (in progress)
SCI Albion – Auto Shop Roof Lightning Protection
FCI Loretto – Switchgear Upgrades & New Generator
MCI Cumberland – Lighting Inverter Replacements at 8 Housing Units
SCI Forest – Upgrade Generators from Tier 2 to Tier 4 Emissions
SCI Cambridge Springs – Fiber Optic Backbone Upgrades
SCI Albion – B,C and H Block Access Control Upgrades (in progress)
SCI Fayette – Dietary Boiler Replacements
SCI Fayette – Walk In Cooler Upgrades
SCI Laurel Highlands – Paralleling Switchgear Control Upgrades (in progress)
SCI Cambridge Springs – A Unit Boiler Replacement
SCI Laurel Highlands – Roof Top Unit Replacement on Housing Unit
SCI Smithfield – New Central Utility Plant Electrical Building & Medium Voltage Upgrades (in progress)
FCI Loretto – Replace Transfer Switches

Full Power, Multi-Transfer Switch, Emergency Generator Systems Experience

Schultheis Electric has completed several projects that include multiple transfer switches, paralleling equipment and generators for customers in both the public and private sectors. A couple of the most recent examples include:

PA Turnpike Commission – Greensburg Maintenance Microgrid

Description: 1500 kVA Prime Power Natural Gas Turbine and 1 MW Solar field tied to a new maintenance office building and existing power distribution equipment including downstream emergency generator and transfer switch. Project was completed under a design build contract with the large credit change order to allow the owner to pre-purchase the natural gas turbine and switchgear.

Owner: PA Turnpike Commission

Original Contract Value: \$3,562,819.59

Final Contract Value: \$2,375,160.22

Prime Contractor: TSB Inc dba Schultheis Electric

Owner Contact: Chris David, PE – PA Turnpike Commission 724-755-5168

Excelsa Health Westmoreland Hospital – Paralleling Switchgear Upgrades.

Replaced the paralleling controls on the existing switchgear that fed emergency distribution to over a dozen transfer switches throughout the hospital.

Owner: Excelsa Health (now Independence Health)

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Owner Contact: Liza Whipkey, Senior Facilities Project Manager, lwhipkey@excelahealth.org

Value: \$248,000.00

Prime Contractor: TSB Inc dba Schultheis Electric

Key Subcontractors: Cleveland Brothers (Caterpillar) and Asco Schneider Electric.

SCI Somerset – Paralleling Control Upgrades

Description: Replaced the paralleling controls of the entire switchgear line up of a working institution without taking them offline except for simulation of power failure during off hours for final testing. Replaced the old unsupported PLC Controllers with new.

Owner: Department of Corrections – DGS

Owner Contact: Mike Wenrick and Sam Varchetti, 814-355-4874

Value: \$270,000.00

Greater Johnstown Water Authority Mill Creek Station – Medium Voltage Generator & Switchgear

Description: Provided a new medium voltage standby generator that backed up the entire facility including several large pumps in excess of 200 HP. Existing Switchgear was reworked and tied in new medium voltage closed transition switchgear while limiting the plant shutdown to only a few hours for final tie in.

Project was completed 5 months ahead of schedule with zero change orders.

Owner: Greater Johnstown Water Authority

Owner Contact: Mark Reynolds, Electrical Engineer – 724-309-3037

Value: \$1,081,480.00

PennDOT Greene County Maintenance Facility

Entire Facility is Backed up with a new 750 kW Diesel Generator and two transfer switches.

Owner: PennDOT - DGS

Value: \$2,440,000.00

Project had 4 Prime Contractors

Architect/Engineer: Michael Baker

Architect Contact: Paul Carver, 724-495-4060

PA Turnpike Commission – Monroeville Interchange

PA Turnpike Commission – Route 576 Interchange

PA Turnpike Commission – Donegal Interchange

Each Facility required the entire power system to be backed up for both safety and toll collection.

Total Value: \$600,000.00

Contact: Chris David, 724-755-5168

Trib Total Media – Falcon Distribution & Printing Facility

750 kW Diesel Generator and whole building transfer switch.

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Value: \$360,500.00

All work 100% Self Performed by Schultheis Electric

Owner Contact: Eric Smith (Facilities Director at time of installation, retired)

Additional Owner Contact: Rob Sailor – 724-837-5496

Experience Integrating New Automation Controls and Security into Existing Systems

Port Authority of Allegheny County – Underground Radio Transmission System

Scope: Install a new underground radio system throughout the Central Business district and under river tunnels for the Port Authority LRT System Routes. System installed for Port Authority Police communication systems on a dedicated frequency. Project included new front end fiber optic cabling and hardware and signal conversion to 7,712 linear feet of “Leaky Coax” installation.

Project Contact: Eric Bilsky, 412-566-5167

Project Value: \$1,878,704.60

Completed: 2014

Perimeter Intrusion Detection System (PIDS) – SCI Cambridge Springs

Scope: Replace the defective perimeter intrusion detection system with hardware, software and provide integration of the new Senstar system with the existing camera call up, shaker wire, and other security system and access control system on site.

Project Contact: Mike Wenrick, 814-355-4874

Project Value: \$119,777.52

Completed: 2019

Video Detection Monitoring System – SCI Mercer

Scope: Complete the design and installation of a new custom video detection monitoring system throughout the institution. Project included installing new Bosch cameras, integrating existing IP Cameras, software development and programming, IT hardware replacement, remote monitoring in Harrisburg and training of the facility staff.

Project Contact: Larry Boggs (retired) Mike Wenrick, 814-355-4874 x554

Project Value: \$25,000.55 design and \$250,606.80 construction.

Completed: 2017

Central Control and L3 Housing Unit Access Control Upgrades – SCI Albion

Scope: Design and install new access control for all doors (including prison cells) in an L3 Housing unit including new front end Programmable Logic Controllers, touch screen HMI's, and ethernet connections. Project also included upgrading the existing Central Command controls system with a new HMI touch screen that was designed and built for future expansion of all housing units, gates and doors in the institution.

Project Contact: Mike Wenrick, 814-355-4874 x554

Project Value: \$169,761.88

Completed: 2019

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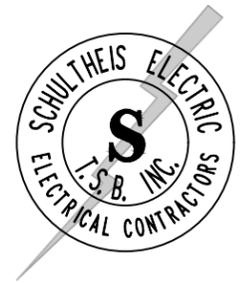
Central Control, H Block, N Block and Sally Port Access Control Upgrades – SCI Mercer
Scope: Design and install new access control for all doors (including prison cells) in an two Housing units including new front end Programmable Logic Controllers, touch screen HMI's, and ethernet connections. Project also included upgrading the existing Central Command controls system with a new HMI touch screen that was designed and built for future expansion of all housing units, gates and doors in the institution. This project was initiated because of Schultheis Electric's performance on this site as well as the results of the SCI Albion Project.
Project Contact: Mike Wenrick, 814-355-4874 x554
Project Value: \$279,039.97
Completed: 2020

PA Turnpike Commission – Greensburg Maintenance Card Access Control
Scope: Provide a new card access control system for multiple buildings at the Greensburg PA Maintenance Facility. Project included adding a new access control system on all man doors and monitoring of all garage doors.
Project Contact: Chris David, 724-875-4895
Project Value: \$203,939.96
Completed: 2018

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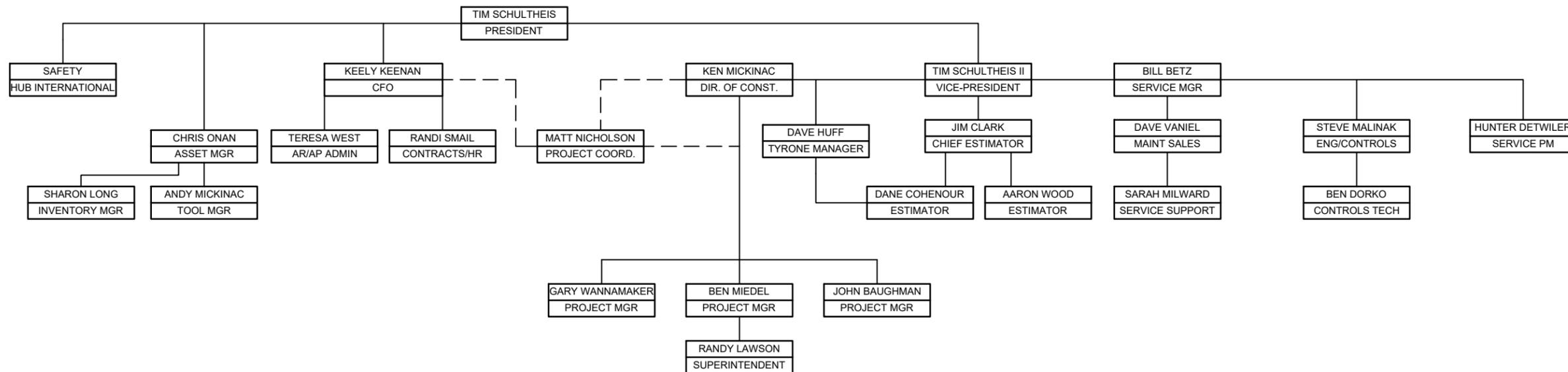




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DRW. TITLE:
PSP -
GREENSURG
DNA LAB

DRW. BY:
TJS

SCALE:
NTS

DATE:
FEB 27, 2023

DWG. NO:
ESK-1

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

Please see sheets from Appendix F and required attachments.

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APPENDIX E

Veteran Business Enterprise Participation Packet (E-BUILDER DOCUMENT FOLDER)

NOTE: VBE Participation Submittal (which must include the VBE Utilization Schedule, the Good Faith Efforts Documentation to Support Waiver Request, or both) must be included with each Base Bid.

APPENDIX F

PRIME CONTRACTOR
QUALIFICATION STATEMENT

APPENDIX F
PRIME CONTRACTOR
QUALIFICATION STATEMENT

COVER SHEET

DGS Project Name SCI Greene – Renovate Switchgear & Generators

DGS Project Number DGS C-0372-0005 Phase 1 - Rebid

Check One:

Corporation,

Partnership,

Individual,

Joint Venture,

Other _____

Name of Firm TSB Inc. dba Schultheis Electric

Address PO Box 798, Latrobe, PA 15650

Principal Office PO Box 798, Latrobe, PA 15650

Owner or Authorized Representative Tim Schultheis, President

SECTION 1 – INFORMATION ON FIRM

1.1 Background Information

a) How many years has the firm been in business? 44

b) How many years has the firm been doing business in proposed contract field? 44

Under what former names has the firm conducted business?
None

c) Provide an **Attachment 1** to this Qualifications Statement identifying all jurisdictions in which the firm is licensed or otherwise qualified to do business. List and provide copies of any business or trade licenses, certificates or registrations (to the extent that they apply to the Contract Work) held by the firm.

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

Date of incorporation January 19, 1988

State of incorporation Pennsylvania

President's name Timothy Schultheis

Vice President's name(s) Timothy J. Schultheis II

Secretary's name Annette Schultheis

Treasurer's name _____

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 | <u>2022</u> | \$ <u>33,236,138.00</u> |
| Year | <u>2021</u> | \$ <u>25,777,361.00</u> |
| Year | <u>2020</u> | \$ <u>25,166,782.00</u> |
- b) Identify the percentage of work on similar projects the firm typically performs with its own work force 100%
- c) List the categories of work that the firm normally performs with its own forces on similar projects.

2.2 Project Experience and References

Submit as **Attachment 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:	<u>2023</u>	<u>0.716</u>
Year 2:	<u>2022</u>	<u>0.673</u>

Year 3: 2021 0.818

- 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: 2022 66

Year 2: 2021 0

Year 3: 2020 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: 2022 2.03

Year 2: 2021 0

Year 3: 2020 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.

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

Yes ___ No

- 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

- 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

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

- 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

*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

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

Yes ___ No

SECTION 4 - REQUIRED REPRESENTATIONS

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

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

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

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

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

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

- 4.6 The firm represents that it has no conflicts of interests with the Commonwealth of Pennsylvania and, if awarded the Contract Work, any potential conflicts of interest that may arise in the future will be disclosed immediately to the Department of General Services.
- 4.7 The firm represents the price offered in connection with its proposal for the Contract Work was arrived at independently without consultation, communication or agreement with any other Proposer or competitor.
- 4.8 The firm will ensure that employees and applicants for employment are not discriminated against because of their race, color, religion, sex or national origin.

P.O. Box 798
Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

Section 1.1 Background Information, Appendix F Prime Contractor Qualifications Statement
Ref: Attachment 1 – Jurisdictions

T.S.B. Inc. dba Schultheis Electric is licensed and/or qualified to do business in the following jurisdictions: Commonwealth of Pennsylvania, City of Pittsburgh, PA, City of Altoona, PA, State of Maryland, State of Ohio, City of Cincinnati, OH, State of West Virginia, and the City of Fairmont, WV. Copies of the above-listed licenses are attached.



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Residential – Commercial – Industrial

www.tsbinc.net



Please find attached your Home Improvement Contractor's Certificate suitable for framing along with a wallet card copy.

If you have any questions or have changes to the information you provided on your registration form, contact the Pennsylvania Office of Attorney General at 717-772-2425 or HIC@attorneygeneral.gov. For further information on the home improvement law visit www.attorneygeneral.gov.



M. M. A. H.

Michelle A. Henry, Attorney General

TIM J SCHULTHEIS
P.O. BOX 798
LATROBE PA 15650

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF ATTORNEY GENERAL

THIS IS TO CERTIFY THAT

SCHULTHEIS ELECTRIC / T.S.B. INC.
304 SANFORD STREET
LATROBE PA 15650

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

7/1/2025

PA034235

M. M. A. H.
Michelle A. Henry, Attorney General

SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

This form acknowledges receipt of your \$50.00 application fee, required under Pennsylvania's Home Improvement Consumer Protection Act. Please keep this form for your records.

Commonwealth of Pennsylvania

Office of Attorney General

THIS IS TO CERTIFY THAT

SCHULTHEIS ELECTRIC / T.S.B. INC.
304 SANFORD STREET
LATROBE PA 15650

HAS REGISTERED IN PENNSYLVANIA AS A HOME IMPROVEMENT CONTRACTOR

7/1/2025
VALID UNTIL

PA034235
REGISTRATION NUMBER

[Signature]
SIGNATURE OF REGISTRATION CERTIFICATE HOLDER

M. M. A. H.
MICHELLE A. HENRY, ATTORNEY GENERAL



Trade License

Business Name: Timothy Schultheis **Most Recent Issue Date:** 07/12/2023

Doing Business As:

Business Ownership: **Effective Date:** 08/17/2023

Location: **Expiration Date:** 08/16/2024

For all trade licenses, grace periods will begin at the expiration of a license and continue for sixty (60) days. If the licenses is not renewed within thirty (30) days after the expiration date, per the fee schedule, a late fee is incurred on the thirty-first (31st) day following the expiration date. If the license is not renewed within sixty (60) days after the expiration date, then on the sixty-first (61st) day following the expiration date, the license automatically lapses. All licensees that allow their license to lapse must apply for a new license and meet all new license requirements at the time of that new application. Permits related to the licensed activity will be suspended until valid and current trade license is connected to the permitted work. To renew this license, trade licensees must provide documentation of at least eight (8) contact hours of Continuing Education Units (CEUs) within the previous twelve (12) months. Licensees that allow their license to lapse and subsequently renew will also be required to provide eight (8) hours of CEUs within the previous twelve (12) months.

License	License #	NAICS	Initial Issue Date
Trade License	EL09946	236210	08/16/2018

License Officer





City of Pittsburgh Licensee

Trade License

EL09946

Expires: 08/16/2024

Timothy Schultheis



CITY OF ALTOONA

1301 TWELFTH STREET
Altoona, PA 16601
Ph: (814) 949-2456
Fax:

Please remit payment to the City of Altoona, Department of Finance, Suite 104, Altoona City Hall, 1301 12th Street, Altoona, Pennsylvania 16601

TIMOTHY SCHULTHEIS - T.S.B. IN
304 SANFORD ST PO BOX # 798
LATROBE, PA 15650

Pay by Account In Full



TOTAL AMOUNT DUE

\$ 50.00

Pay by Invoice Code	Type	Record No.	Invoice No.	Address	Amount Due
	General Contractor	TIMOTHY SCHULT	00168375		\$ 50.00
	Effective Date:	01/03/2023	Amount Cost:	\$50.00	
Total Amount Due					\$ 50.00

City of Altoona
Department of Codes and Inspections
TSB, INC. DBA
Schultheis Electric
has been issued a
CONTRACTOR LICENSE
for the year 2023

Robert Brown
Director

[Signature]
Contractor Signature

PAID
JAN 03 2023
By *UM* #61723

RECEIPT



**Department
of Commerce**

Division of Industrial Compliance
Ohio Construction Industry
Licensing Board O.C.I.L.B.

Mike DeWine
Sheryl Maxfield

SCHULTHEIS, TIMOTHY J
PO Box 798
Latrobe, PA 15650-0798

Mike DeWine Governor	Electrical CONTRACTOR'S LICENSE	Sheryl Maxfield Director
Ohio License # 11007	Expiration Date: 09/30/2025	
TIMOTHY J SCHULTHEIS SCHULTHEIS ELECTRIC OWNER		
<i>Carol Ross</i> Carol A. Ross Board Secretary		<i>William Koester</i> William Koester Administrative Chairperson

This is YOUR license. Plan Approvals obtained with YOUR license and posting of YOUR license indicates that YOU and YOUR liability insurance are assuming all responsibility for any projects performed under this license.

Mike DeWine Governor	Electrical CONTRACTOR'S LICENSE TIMOTHY J SCHULTHEIS SCHULTHEIS ELECTRIC OWNER Ohio License# 11007 Expiration Date: September 30, 2025	Sheryl Maxfield Director
LICENSE MUST BE POSTED ON JOB SITE		LICENSE MUST BE POSTED ON JOB SITE
<i>Carol Ross</i> Carol A. Ross Board Secretary		<i>William Koester</i> William Koester Administrative Chairperson

Contractor Registration Certificate



Issued by:
 The City of Cincinnati
 Buildings and Inspections
 805 Central Avenue, Suite 500
 Cincinnati, Ohio 45202

Registration Number: CBRC010347

SCHULTHEIS ELECTRIC
 P O BOX 798
 LATROBE, PA 15650

SCHULTHEIS ELECTRIC, having met the requirements for the City of Cincinnati contractor's registration program, is hereby granted registration. This registration allows the Individual or business entity noted above, to engage in business of construction contracting within the municipal boundaries of the City of Cincinnati until **09-30-2023**, at which time this registration will expire.

In order to comply with the requirements of Cincinnati Municipal Code, Chapter 1106, continued validity of this registration is dependent upon the maintenance and renewal of all required licenses and liability insurance throughout the term of this registration.

Art Dahlberg
 Chief Building Official

BUILDING CONSTRUCTION CATEGORIES

BUILDING CONST CONTRACTOR	HOME IMPROVEMENT CONTRACTOR	OCILB STATE LICENSED CONTRACTOR
General Contractor	General Contractor	<input checked="" type="radio"/> Electrical Contractor 11007
Demolition Contractor	Swimming Pool Contractor	HVAC Contractor
Elevator Contractor	Trade Specific Carpenter Contractor	Plumbing Contractor
Fire Alarm Contractor	Trade Specific Concrete Contractor	Hydronic Piping Contractor
Home Builder Contractor	Trade Specific Gypsum/Plaster Contractor	Refrigeration Contractor
Sprinkler Contractor	Trade Specific Excavation Contractor	Suppression Contractor
Crane Contractor	Trade Specific Masonary/Brick Contractor	Crane Contractor
Trade Specific Carpenter Contractor	Trade Specific Int Finish/Painter Contractor	
Trade Specific Concrete Contractor	Trade Specific Wind/Siding/Door Contractor	
Trade Specific Gypsum/Plaster Contractor	Trade Specific Electrical Contractor (1-3 Fam)	
Trade Specific Excavation Contractor	Trade Specific HVAC Contractor (1-3 Fam)	
Trade Specific Masonary/Brick Contractor		
Trade Specific Int Finish/Painter Contractor		
Trade Specific Glazier Contractor		
Trade Specific Steel Fab/Erection Contractor		



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV042363

CLASSIFICATION:
ELECTRICAL

TSB INC
DBA SCHULTHEIS ELECTRIC
PO BOX 798
LATROBE, PA 15650

DATE ISSUED

EXPIRATION DATE

APRIL 10, 2023

APRIL 10, 2024

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



City of Fairmont, WV BUSINESS LICENSE

_____ LOCATION OF BUSINESS _____

This license is to be displayed conspicuously at the location of business, and is not transferable or assignable.

TSB INC DBA SCHULTHEIS ELEC SCHULTHEIS ELECTRIC
ATTN: TIM SCHULTHEIS
PO BOX 798
LATROBE PA 15650-0798

EXPIRATION DATE 6/30/2024	
DATE ISSUED 7/01/2023	LICENSE NUMBER 004416
LICENSE FOR GENERAL BUSINESS PAID JUN 15 2023 CITY OF FAIRMONT	
LICENSE FEE: \$ 90.00	

THIS LICENSE IS ISSUED PURSUANT TO THE PROVISIONS OF THE CITY CODE OF THE CITY OF FAIRMONT AND AMENDMENTS THERETO.

Janet L. Keller

City Clerk

P.O. Box 798
Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

Section 2.2 Project Experience and References, Appendix F Prime Contractor Qualifications Statement

Ref: Attachment 2 – Similar Projects

Project 1

- i. Project Name: PA Turnpike Commission Somerset Maintenance Facility Reconstruction
Project Type: Electrical Work
Project Location: Milepost 113.82 EB in Somerset County, PA
- ii. Project Description:
 - a. Completed electric building and site construction for 9 buildings on a new greenfield site. Project had a new utility service from First Energy and a 1600A, 277/480V, 3 Phase Service Entrance Switchboard and 900 kW Emergency Generator. The following systems were installed: video surveillance, access control, intrusion detection, fire alarm, uninterruptible power supply, and low voltage tele/data.

Relevance to Contract Work:

- Project Included 4 separate prime contractors.
 - Project size and scope was comparable.
 - Public entity, prevailing wage project.
 - Project included a facility for the PA State Police
 - Project had SDB participation by utilizing a woman owned business as a supplier for the low voltage equipment.
- iii. Owner Contact Information
Name: Chris David
Address: PA Turnpike Commission, Western District Office, 2200 North Center Ave., New Stanton, PA 15672
Telephone: (724)-875-4895
Email: cdavid@paturnpike.com
 - iv. Original Bid/Proposal Price: \$3,767,700.00
Final Contract Price: \$3,584,587.86



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- Contract Value for which the firm was/is responsible: \$3,584,587.86, 100% self-performed.
- v. Original Project Completion Date: 02/20/2015
Actual Completion Date: 02/19/2015
 - vi. Owner Performance Ratings: N/A

Project 2

- i. Project Name: PA Turnpike Commission Amos K Hutchinson – Microgrid
Project Type: Electrical, Design Build
Project Location: PA Toll Route 66, Greensburg, PA
- ii. Project Description: 1500 kVA Prime Power Natural Gas Turbine and 1 MW Solar field tied to a new maintenance office building and existing power distribution equipment including downstream emergency generator and transfer switch. Project was completed under a design build contract with the large credit change order to allow the owner to pre-purchase the natural gas turbine and switchgear.
Relevance to Contract Work:
 - Public entity, prevailing wage project.
 - Project size and scope was comparable.
 - Project included work on existing generator and transfer switch, new paralleling switchgear and multiple power sources.
 - Prime, lead contractor.
- iii. Owner Contact Information
Name: Chris David, PE
Address: 2200 North Center Ave. New Stanton, PA 15672
Telephone: (724)755-5168
Email: CDavid@paturndpike.com
- iv. Original Bid/Proposal Price: \$3,562,819.59
Final Contract Price: \$2,378,160.22
Contract Value for which the firm was/is responsible: \$2,378,160.59
- v. Original Project Completion Date: 05/31/2023
Actual Completion Date: 03/09/2023
- vi. Owner Performance Ratings: N/A.



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Project 3

- i. **Project Name:** Greater Johnstown Water Authority Mill Creek Pump Station
Project Type: Renovation of old equipment and replacement with new, integrated into a working, operational facility.
Project Location: Johnstown, PA
- ii. **Project Description:** Provide a new medium voltage stand by generator that backed up the entire facility including several large pumps that could not all be simultaneously shut down or the system would lose water pressure. Reworked the existing switchgear with new medium voltage paralleling switchgear and tied into the existing system. Work required coordination with both the facility and utility. The large generator required taking the equipment approximately 1 mile on dirt road and adverse conditions.

Relevance to Contract Work:

- Coordinated outages and minimal downtown allowed.
 - 100% self performed on prevailing wage, public project.
 - Utility company coordination for new service entrance and medium voltage service.
 - Shows ability in technically complex building environments and working with old switchgear.
 - Project had zero change orders and was completed 5 months ahead of schedule.
- iii. **Owner Contact Information**
Name: Mark Reynolds
Address: 1004 Ligonier St. Latrobe, PA 15650
Telephone: (724)-309-3037
Email: markareynolds@comcast.net
 - iv. **Original Bid/Proposal Price:** \$1,081,480.00
Final Contract Price: \$1,081,480.00
Contract Value for which the firm was/is responsible: \$1,081,480.00
 - v. **Original Project Completion Date:** 5/10/2013
Actual Completion Date: 12/31/2012
 - vi. **Owner Performance Ratings:** N/A



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Project 4

- i. **Project Name:** Solids Processing and Plant Improvements
Project Type: Renovation of electrical infrastructure at waste water facility.
Project Location: Johnstown, PA
- ii. **Project Description:** Replaced power distribution in multiple buildings without taking the facility offline. The work involved included providing temporary equipment and motor control centers to allow old equipment to be demolished and new to be set in place.
Relevance to Contract Work:
 - Coordinated outages and minimal downtown allowed.
 - 100% self performed on prevailing wage, public project.
 - Shows ability in technically complex building environments and working with old switchgear.
 - Completed project in adverse conditions and unfortunate circumstances.
The lead engineer on the project unexpectedly passed away.
- iii. **Owner Contact Information**
Name: Stan Gorski
Address: 12441 Route 993, North Huntingdon PA
Telephone: (724-864-0452
Email: sgorski@wwmaweb.com
- iv. **Original Bid/Proposal Price:** \$1,074,000.00
Final Contract Price: \$1,154,735.23
Contract Value for which the firm was/is responsible: \$1,154,735.23
- v. **Original Project Completion Date:** 11/27/2013
Actual Completion Date: 10/4/2013
- vi. **Owner Performance Ratings:** N/A

Project 5

- i. **Project Name:** Port Authority of Allegheny County Lighting & Electrical Upgrades, SYS-18-04
Project Type: Electrical
Project Location: South Hills Junction Bus Garage, Ross Bus Garage, Collier Bus Garage, Collier Bus Garage, East Liberty Bus Garage, East Liberty LRT Station,



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Phone: (724) 537-5157
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Steel Plaza LRT Station.

- ii. Project Description: Replacement of all conduits, conductors, and luminaires throughout the listed facilities. Project required coordination with owner to maintain operational facilities throughout the project.

Relevance to Contract Work:

- Project Included coordination with other prime contracts doing projects in the same facilities at the same time as the renovation.
- Project size comparable.
- Coordination with owner to maintain preferred schedule to allow continued use of the facilities.

- iii. Owner Contact Information

Name: Josh Banyas

Address: Heinz 57 Center, 345 6th Ave, Pittsburgh, PA 15206

Telephone: (412)-566-5372

Email: jbanyas@portauthority.org

- iv. Original Bid/Proposal Price: \$2,712,621.00

Final Contract Price: \$2,777,506.09

Contract Value for which the firm was/is responsible: \$2,777,506.09

- v. Original Project Completion Date: 09/06/2018

Actual Completion Date: 03/10/2019, project schedule was shifted to allow all bus garages to remain operational for the customer which limited work to a single maintenance bay at a time.

- vi. Owner Performance Ratings: N/A.

Project 6

- i. Project Name: Baker Hughes Lamar Township

Project Type: Greenfield Construction of new multi-building project for Natural Gas Services Company to serve as regional headquarters.

Project Location: 88 Heckmans Gap Road, Mill Hall, PA 17751

- ii. Project Description: Provided electrical design and construction on five buildings including a single story office building, truck maintenance facility, fueling island, cement production facility, and acid storage building. Work included installing three Medium Voltage 15kv switches and oil filled, pad mounted transformers, two 3000



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amp 277/480V, 3 Phase Distribution Switchboards, two 2000 amp 277/480V switchboards, one 1200 amp 277/480V, 3 phase distribution panel, subpanels ranging from 225 amp to 100 amp, and six 30kva step down transformers. Installation of interior lighting throughout facility controlled by a networked lighting control system. Facility had multiple classified, explosion proof locations with electrical equipment. Installation of fiber optic network and Notifier addressable fire alarm system with class I and class II devices. Installation of a 57 acre site lighting system.

Relevance to Contract Work:

- Large, complex site that required coordination with multiple trades.
- Utility company coordination for new service entrance and medium voltage service.
- IT Infrastructure to multiple buildings.
- Shows ability in technically complex building environments.

iii. Owner Contact Information

Name: Jeff Feret

Address: 201 Bardine Rd. Crabtree, PA 15624

Telephone: (724)-537-8324

Email: jferet@artechgrouppllc.com

iv. Original Bid/Proposal Price: \$4,304,309.00

Final Contract Price: \$4,482,054.00

Contract Value for which the firm was/is responsible: \$4,482,054.00

v. Original Project Completion Date: May 31, 2012.

Actual Completion Date: 08/13/2012, delay due to poor soil condition on part of the site.

vi. Owner Performance Ratings: N/A/



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Fax: (724) 537-9388

Section 2.3 Contractor Safety Record, Appendix F Prime Contractor Qualifications Statement
Ref: Attachment 3 – OSHA300 Forms and Experience Modification Rating

See the attached OSHA300 Forms for years 2020-2022 and Workers Compensation Experience Modification Rating provided by PA Compensation Rating Bureau for years 2002-2023.



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Summary of Work-Related Injuries and Illnesses



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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric
 Street PO Box 798
 City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 92
 Total hours worked by all employees last year 170202

Sign here

Knowingly falsifying this document may result in a fine.

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



 Company executive

 President
 Title

724-537-5157 x 116

 Phone

1-11-2021

 Date

Summary of Work-Related Injuries and Illnesses



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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 110

Total hours worked by all employees last year 210289

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

724-537-5157 x 116

Phone

1/17/2022

Date

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

Log of Work-Related Injuries and Illnesses

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



Year 2022
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 T.S.B. Inc. dba Schultheis Electric
 City Latrobe State PA

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Check the "injury" column or choose one type of illness:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1		Electrician	2/8/2022	PennDOT Greene	Twisted knee from slip and fall on ice		X			65		X					
2		Electrician	8/2/2022	Latrobe Carpenter Steel	Twisted ankle from misstep backward				X	0		X					
Page totals						0	1	0	1	65	0	2	0	0	0	0	0

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

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

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

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

Summary of Work-Related Injuries and Illnesses

Year 2022

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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>65</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 113

Total hours worked by all employees last year 196978

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

(724) 537-5157 Phone

1/12/2023
Date



PENNSYLVANIA
Compensation Rating Bureau

PA EXPERIENCE RATING MODIFICATION

File Number:	2558519	County:	Westmoreland County
Data History:	0.716	Mailing Address:	P.O. Box 798
Location:	1		Latrobe PA 15650
Issue Date:	05/02/2023	Effective Term:	05/15/2023 - 05/15/2024
Employer Name:	TSB Inc		
Class Code:	0661		

Data History	Effective Date
0.716	05/15/2023
Class Reviewed	04/01/2023
0.673	05/15/2022
0.818	05/15/2021
0.836	05/15/2020
0.857	05/15/2019
0.691	05/15/2018
0.685	05/15/2017
0.679	05/15/2016
0.694	05/15/2015
0.752	05/15/2014
1.002	05/15/2013
0.880	05/15/2012
0.785	05/15/2011
0.731	05/15/2010
0.739	05/15/2009
0.747	05/15/2008
0.746	05/15/2007
0.722	05/15/2006
0.888	05/15/2005
1.119	05/15/2004
1.125	05/15/2003
1.051	05/15/2002

Class Code	Rating Value	Description	Location
0661	1.69	Electrical Wiring - Building	1
0822	0.06	Telecommuting Clerical Employees	1
0951	0.15	Salesperson Outside	1
0953	0.06	Office	1
9890	0.05	Safety Committee Credit	0

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Section 2.3 Contractor Safety Record, Appendix F Prime Contractor Qualifications Statement
Ref: Attachment 4 – Health or Safety Citations

T.S.B. Inc. dba Schultheis Electric has not been issued any health or safety violations in the past 3 years.



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

Please see sheets from Appendix G and required attachments.

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APPENDIX G

DESIGNATED CRITICAL WORK QUALIFICATIONS STATEMENT

**APPENDIX G
DESIGNATED CRITICAL WORK
QUALIFICATIONS STATEMENT**

COVER SHEET

DGS Project Name SCI Greene – Renovate Switchgear & Generators

DGS Project Number DGS C-0372-0005 Phase 1 - Rebid

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:

Electrical Construction (.4 contract)

Security (working in a Correctional Institution)

IT Infrastructure/Fiber Optic

Integration with existing generator

Integration with existing building automation system

Name of Firm TSB Inc. dba Schultheis Electric

Address PO Box 798, Latrobe, PA 15650

Principal Office PO Box 798, Latrobe, PA 15650

Owner or Authorized Representative Tim Schultheis, President

SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? 44

b) How many years has the firm been doing business in proposed contract field? 44

Under what former names has the firm conducted business?

None

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

<u>Commonwealth of PA</u>	<u>City of Pittsburgh, PA</u>	<u>City of Altoona, PA</u>
<u>State of Maryland</u>	<u>State of Ohio</u>	<u>City of Cincinnati, OH</u>
<u>State of West Virginia</u>	<u>City of Fairmont, WV</u>	

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

Date of incorporation January 19, 1988

State of incorporation Pennsylvania

President's name Timothy Schultheis

Vice President's name(s) Timothy J. Schultheis II

Secretary's name Annette Schultheis

Treasurer's name _____

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	<u>2022</u>	<u>\$ 33,236,138.00</u>
Year	<u>2021</u>	<u>\$ 25,777,361.00</u>
Year	<u>2020</u>	<u>\$ 22,946,933.00</u>

- b) Identify the percentage of work on similar projects the firm typically performs with its own work force _____
- c) List the categories of work that the firm normally performs with its own forces on similar projects.

2.2 Project Experience and References

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

- a) Suggested number of Sheets/Pages:

- 3 sheets/(6 pages)

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

- vii. Name of project, type of project and location
- viii. Description of the project and relevance of work to the Contract Work
- ix. Contact information for an owner representative familiar with the firm's work performed on this project. Include name, address, telephone number(s) and e-mail address.
- x. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.
- xi. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.
- xii. As available, performance ratings of the work evaluated by owner or owner's representative.

2.3 Contractor Safety Record

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

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

Year 1:	<u>2023</u>	<u>0.716</u>
Year 2:	<u>2022</u>	<u>0.673</u>

Year 3: 2021 0.818

- 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: 2022 66

Year 2: 2021 0

Year 3: 2020 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: 2022 2.03

Year 2: 2021 0

Year 3: 2020 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

- 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

- 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

- 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

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

- 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

*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

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes ___ No

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.

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**Section 2.2 Project Experience and References, Appendix G Designated Critical Work
Qualifications Statement**

Ref: Attachment 1 – Similar Projects - Security (work in a Correctional Institution)

Project 1

- i. Project Name: SCI Cambridge Springs Install Fire Alarm System
 - a. Project Type: Security (work in a Correctional Institution)
 - b. Project Location: DOC SCI Cambridge Springs, 451 Fullerton Ave., Cambridge Springs, PA 16403-1238
- ii. Project Description: Install new fire alarm system in Buildings 2 (Warehouse) and 4 (Education, Maintenance, and CI). Demo the existing fire alarm devices once the existing system is fully functioning. Demo exposed conduit and wiring related to the existing fire alarm system. Install 3/4" EMT when in exposed areas. Install fiber from the new control panel to the fiber rack in each building.

Relevance to Contract Work:

- Project was 100% self-performed by Schultheis Electric
 - State Agency as owner
 - Facility has demanding quality control and safety guidelines for working in an operational detention facility.
 - Project had a Siemens Addressable Fire Alarm system, similar to the one we propose using on this facility.
- iii. Owner Contact Information
 - a. Name: Mark Nicolia
 - b. Address: 451 Fullerton Ave., Cambridge Springs, PA 16403-1238
 - c. Telephone: (814)-398-5456
 - d. Email: mnicolia@pa.gov
 - iv. Original Bid/Proposal Price: \$238,859.86
 - a. Final Contract Price: \$238,859.86
 - b. Contract Value for which the firm was/is responsible: \$238,859.86
 - v. Original Project Completion Date: 02/21/2020
 - a. Actual Completion Date: 07/2020 (COVID-19 Delay)
 - vi. Owner Performance Ratings: N/A



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Project 2

- i. Project Name: Video Detection Monitoring System
Project Type: Security (work in a Correctional Institution)
Project Location: Mercer, PA
- ii. Project Description:
 - a. Remove the existing video monitoring system head end equipment out of the existing racks located in the video monitoring equipment room.
 - b. Remove the existing rack #1 and install a new deeper rack. The current rack was not deep enough to handle the new server's size.
 - c. Trace out, bundle and re-label wiring in racks #3 & #4. Provide wiring management in the existing racks to clean up the existing wiring.
 - d. In rack #6, move the current fiber optic intercom transceivers that are mounted on a steel plate to new rack mounted sliding shelves. This will create more space to install new items in this rack.
 - e. In the video monitoring equipment room, there are MC cables run in the cable tray with the low voltage wiring and receptacles on the outside of the racks. These receptacles then power some power strips in the racks. Remove the MC cables from the cable tray, receptacles on the outside of the racks and power strips inside the racks. Provide a 6000 series wiremold below the cable tray and install (12) twist lock receptacles. Provide (2) new power distribution units in each rack and connect to a new twist lock receptacle. Circuits will be connected to the existing Panel CRS which is connected to the UPS.
 - f. Provide (1) new application server and (2) new storage appliance server. Install (1) owner provided application server. See ADD OPTION #1 for additional system features. Servers will be installed in rack #1.
 - g. Install (1) owner provided KVM switch in rack #1 and connect to the server arrays.
 - h. Provide (1) new non-POE Ethernet switch and install rack #1. Provide (2) new POE Ethernet switches in rack #6. Provide system interconnection cables and connect.
 - i. Provide non-metallic surface raceway in the (8) offices that receive the owner furnished new workstations. Provide a non-metallic box and cable jacks and terminate the cables installed by the agency. Install the owner furnished workstations and monitors. Provide new HDMI cables from the workstation to the existing wall monitor. Provide a new power supply and cable for the existing keyboards.
 - j. Provide non-metallic surface raceway in the CCTV office that receive the new workstations. Provide a non-metallic box and cable jacks and terminate the



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cables installed by the agency. Provide new workstations and (3) 55" monitors. Provide new HDMI cables from the workstation to the new wall monitor. Provide a new power supply and cable for the existing keyboards.

- k. Provide non-metallic surface raceway in the main control room that receives the new workstations. Provide a non-metallic box and cable jacks and terminate the cables installed by the agency. Provide new workstations and (2) 55" monitors. Provide new HDMI cables from the workstation to the new wall monitor. Provide a new power supply and cable for the existing keyboards.
- l. Provide (13) encoders between the existing racks. Re-terminate the end of the existing coax cables and plug into the encoders. Provide Ethernet cables from the encoders to the non-POE Ethernet switch.
- m. Provide programming of the new head end video monitoring system.
- n. Provide (1) eight-hour training session on the new equipment.

Relevance to Contract Work:

- Project was 100% self-performed by Schultheis Electric including design
- Public Agency as owner
- Project required integration with existing communication network, upgrading infrastructure and servers.
- Project was completed with no change orders.

iii. Owner Contact Information

Name: Larry Boggs
Address: 801 Butler Pike, Mercer, PA 16137
Telephone: 724-662-1837
Email: lboggs@pa.gov

iv. Original Bid/Proposal Price: \$25,000.55 design and \$250,606.80 construction

Final Contract Price: \$275,607.35
Contract Value for which the firm was/is responsible: \$275,607.35

v. Original Project Completion Date: 05/23/2018

Actual Completion Date: 04/21/2018

vi. Owner Performance Ratings: N/A

Project 3

- i. Project Name: Emergency Switchgear PLC Replacement
 - a. Project Type: Security (work in a Correctional Institution)
 - b. Project Location: Somerset, PA
- ii. Project Description:



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- a. Russelectric expediting programming changes to be in compliance with the Sequence of Operations provided by Brian Johnson and approved by Department of Corrections
 - b. Purchased and expediting parts required for the unforeseen problem with the Truck Operated Contact (TOC) switches in the existing switchgear. These revision were required after the following findings by Russelectric:
 - o It was found that the original contacts in the generator main cubicle D2 (C3-C4) were high resistance and causing a problem.
 - o It was decided to move the wires to the spares (C11-C12) which showed proper continuity.
 - o Other breakers were looked at while on site and discovered they had already been moved.
 - o It was observed that the TOC contacts originally used had been moved from the ones that were specified in the original Russelectric documentation to a spare set of contacts sometime in the past on nearly all breakers (the screws where the terminations were originally landed were not screwed in). This indicates that there were problems in the past with the original contacts. This was not investigated any further on the history and temporary jumpers were installed to allow to switchgear to operate safely in the interim.
 - o The TOC switches should have been addressed in the past but definitely should be addressed now.
 - o Attached is the page from the switchgear manual showing the TOC switch wiring.
 - c. All replacement contact were tested with a 10 Amp Digital low resistance ohmmeter to verify no contacts have high resistance.
- iii. Owner Contact Information
- a. Name: Samuel Varchetti
 - b. Address: 1590 Walters Mill Road, Somerset, PA 15510
 - c. Telephone: 814-443-8100
 - d. Email: svarchetti@pa.gov
- iv. Original Bid/Proposal Price: \$225,631.82
- a. Final Contract Price: \$240,755.78
 - b. Contract Value for which the firm was/is responsible: \$240,755.78
- v. Actual Completion Date: 03/2020
- vi. Owner Performance Ratings: N/A



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Section 2.3 Contractor Safety Record, Appendix G Designated Critical Work Qualifications Statement

Ref: Attachment 2 – OSHA300 Forms and Experience Modification Rating

See the attached OSHA300 Forms for years 2020-2022 and Workers Compensation Experience Modification Rating provided by PA Compensation Rating Bureau for years 2002-2023.



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Summary of Work-Related Injuries and Illnesses



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

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

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric
 Street PO Box 798
 City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 92
 Total hours worked by all employees last year 170202

Sign here

Knowingly falsifying this document may result in a fine.

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



 Company executive

 President
 Title

724-537-5157 x 116

 Phone

1-11-2021

 Date

Summary of Work-Related Injuries and Illnesses



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

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 110

Total hours worked by all employees last year 210289

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

724-537-5157 x 116

Phone

1/17/2022

Date

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

Log of Work-Related Injuries and Illnesses

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



Year 2022
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 T.S.B. Inc. dba Schultheis Electric
 City Latrobe State PA

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Check the "injury" column or choose one type of illness:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
								Job transfer or restriction	Other recordable cases			Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1		Electrician	2/8/2022	PennDOT Greene	Twisted knee from slip and fall on ice		X			65		X					
2		Electrician	8/2/2022	Latrobe Carpenter Steel	Twisted ankle from misstep backward				X	0		X					
Page totals						0	1	0	1	65	0	2	0	0	0	0	0

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

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

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

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

Summary of Work-Related Injuries and Illnesses

Year 2022



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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>65</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

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

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

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

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Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 113

Total hours worked by all employees last year 196978

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

(724) 537-5157

Phone

1/12/2023

Date



PENNSYLVANIA
Compensation Rating Bureau

PA EXPERIENCE RATING MODIFICATION

File Number:	2558519	County:	Westmoreland County
Data History:	0.716	Mailing Address:	P.O. Box 798
Location:	1		Latrobe PA 15650
Issue Date:	05/02/2023	Effective Term:	05/15/2023 - 05/15/2024
Employer Name:	TSB Inc		
Class Code:	0661		

Data History	Effective Date
0.716	05/15/2023
Class Reviewed	04/01/2023
0.673	05/15/2022
0.818	05/15/2021
0.836	05/15/2020
0.857	05/15/2019
0.691	05/15/2018
0.685	05/15/2017
0.679	05/15/2016
0.694	05/15/2015
0.752	05/15/2014
1.002	05/15/2013
0.880	05/15/2012
0.785	05/15/2011
0.731	05/15/2010
0.739	05/15/2009
0.747	05/15/2008
0.746	05/15/2007
0.722	05/15/2006
0.888	05/15/2005
1.119	05/15/2004
1.125	05/15/2003
1.051	05/15/2002

Class Code	Rating Value	Description	Location
0661	1.69	Electrical Wiring - Building	1
0822	0.06	Telecommuting Clerical Employees	1
0951	0.15	Salesperson Outside	1
0953	0.06	Office	1
9890	0.05	Safety Committee Credit	0

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Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

Section 2.3 Contractor Safety Record, Appendix G Designated Critical Work Qualifications
Statement

Ref: Attachment 3 – Health or Safety Citations

T.S.B. Inc. dba Schultheis Electric has not been issued any health or safety violations in the past
3 years.



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Residential – Commercial – Industrial*

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**APPENDIX G
DESIGNATED CRITICAL WORK
QUALIFICATIONS STATEMENT**

COVER SHEET

DGS Project Name SCI Greene – Renovate Switchgear & Generators

DGS Project Number DGS C-0372-0005 Phase 1 - Rebid

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:

Electrical Construction (.4 contract)

Security (working in a Correctional Institution)

IT Infrastructure/Fiber Optic

Integration with existing generator

Integration with existing building automation system

Name of Firm TSB Inc. dba Schultheis Electric

Address PO Box 798, Latrobe, PA 15650

Principal Office PO Box 798, Latrobe, PA 15650

Owner or Authorized Representative Tim Schultheis, President

SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? 44

b) How many years has the firm been doing business in proposed contract field? 44

Under what former names has the firm conducted business?

None

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

<u>Commonwealth of PA</u>	<u>City of Pittsburgh, PA</u>	<u>City of Altoona, PA</u>
<u>State of Maryland</u>	<u>State of Ohio</u>	<u>City of Cincinnati, OH</u>
<u>State of West Virginia</u>	<u>City of Fairmont, WV</u>	

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

Date of incorporation January 19, 1988

State of incorporation Pennsylvania

President's name Timothy Schultheis

Vice President's name(s) Timothy J. Schultheis II

Secretary's name Annette Schultheis

Treasurer's name _____

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	<u>2022</u>	<u>\$ 33,236,138.00</u>
Year	<u>2021</u>	<u>\$ 25,777,361.00</u>
Year	<u>2020</u>	<u>\$ 22,946,933.00</u>

- b) Identify the percentage of work on similar projects the firm typically performs with its own work force _____
- c) List the categories of work that the firm normally performs with its own forces on similar projects.

2.2 Project Experience and References

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

- a) Suggested number of Sheets/Pages:

- 3 sheets/(6 pages)

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

- vii. Name of project, type of project and location
- viii. Description of the project and relevance of work to the Contract Work
- ix. Contact information for an owner representative familiar with the firm's work performed on this project. Include name, address, telephone number(s) and e-mail address.
- x. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.
- xi. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.
- xii. As available, performance ratings of the work evaluated by owner or owner's representative.

2.3 Contractor Safety Record

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

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

Year 1:	<u>2023</u>	<u>0.716</u>
Year 2:	<u>2022</u>	<u>0.673</u>

Year 3: 2021 0.818

- 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: 2022 66

Year 2: 2021 0

Year 3: 2020 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: 2022 2.03

Year 2: 2021 0

Year 3: 2020 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
- 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
- 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
- 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
- 3.5 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

- 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

*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

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes ___ No

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.

P.O. Box 798
Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

Section 2.2 Project Experience and References, Appendix G Designated Critical Work
Qualifications Statement

Ref: Attachment 1 – Similar Projects – IT Infrastructure/Fiber Optic

Project 1

- i. Project Name: Underground Radio Transmission System
Project Type: IT Infrastructure
Project Location: Pittsburgh, PA
- ii. Project Description: Install a new underground radio system throughout the Central Business district, Light Rail Transit Tunnels in Pittsburgh, PA. System is used for communications for the Port Authority Police and dispatch facilities. System included new front end fiber optic cabling and hardware and signal conversion to 7,712 linear feet of large diameter “Leaky Coax” that distributes the signal on a dedicated frequency.
Relevance to Contract Work:
 - Project was 100% self-performed by Schultheis Electric
 - Public Agency as owner
 - Project required integration with existing communication network, expanding and adding to the fiber optic backbone.
 - Project included fiber optic, copper, and coax communication cables.
 - Project was completed ahead of schedule with very limited change orders.
- iii. Owner Contact Information
Name: Eric Bilsky, P.E.
Address: 345 Sixth Ave. Third Floor, Pittsburgh, PA 15222
Telephone: 412-566-5167
Email: EBilsky@PortAuthority.org
- iv. Original Bid/Proposal Price: \$1,838,425.00
Final Contract Price: \$1,878,704.60
Contract Value for which the firm was/is responsible: \$1,878,704.60
- v. Original Project Completion Date: 12/01/2014
Actual Completion Date: 11/12/2014
- vi. Owner Performance Ratings: N/A



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Project 2

i. Project Name: Telephone Trunk Line Replacement

Project Type: IT Infrastructure

Project Location: Houtzdale, PA

ii. Project Description:

- Investigate problems with the existing telephone network trunk lines.
- Remove one (1) splice in Manhole #T1 and one (1) 400-pair phone cable from Manhole #T1 to Manhole #T20.
- Remove one (1) 200-pair phone cable from Manhole #T20 to RHU.
- Remove one (1) 200-pair phone cable and two (2) 25-pair phone cable from Manhole #T20 to Manhole #T19. Remove splice in Manhole #T20.
- Remove one (1) 25-pair phone cable from Manhole #T19 to the Central Plant.
- Remove one (1) 200-pair phone cable and one (1) 25-pair phone cable from Manhole #T19 to Manhole #T18.
- Remove one (1) 25-pair phone cable from Manhole #T18 to the Sally Port. Remove splice in Manhole #T18.
- Remove one (1) 200-pair phone cable from Manhole #T18 to Manhole #T24. Remove splice in Manhole #T24.
- Remove one (1) 200-pair phone cable from Manhole #T24 to Maintenance.
- Remove two (2) 25-pair phone cables from Manhole #T24 to the Warehouse.
- Install two (2) underground splice kits for the two (2) new 200-pair phone cables in Manhole #1.
- Install one (1) 200-pair phone cables from Manhole #T1 to the RHU.
- Install one (1) 200-pair phone cable from Manhole #T1 to Maintenance.
- Install one (1) 50-pair phone cable from Maintenance to the Warehouse.
- Install one (1) 25-pair phone cable from Maintenance to the Central Plant.
- Install one (1) 25-pair phone cable from Maintenance to the Sally Port.
- Provide testing of the new phone cables installed.
- Provide confined space equipment and additional manpower for manhole work.

Relevance to Contract Work:

- Tail Industries was a sub-contractor on this project. They installed and terminated the phone cables.
- Public Agency as owner
- Project required integration with existing communication network and replacement of infrastructure wiring.



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Phone: (724) 537-5157
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- Project was completed with one change order. The original PO was for the investigation and the change order was for the repair work.
- iii. Owner Contact Information
Name: Willian A Norvell
Address: SCI Houtzdale, 209 Institution Drive, Houtzdale, PA 16698
Telephone: 814-378-1000 x 1422
Email: wnorvell@pa.gov
- iv. Original Bid/Proposal Price: \$5,029.94 for investigation and \$71,733.77 for the construction
Final Contract Price: \$76,763.71
Contract Value for which the firm was/is responsible: \$76,763.71
- v. Original Project Completion Date: 3/16/2022
Actual Completion Date: 3/16/2022
- vi. Owner Performance Ratings: N/A

Project 3

- i. Project Name: Emergency Fiber Replacement – SCI Mercer
Project Type: IT Infrastructure
Project Location: Mercer, PA
- ii. Project Description: Install new 12 strand fiber optic cable from the demarcation point along public road to the institution, approximately 3,000' away. Project included running overhead figure 8 outside plant fiber optic cable and transitioning to indoor plant fiber to the MDF Room. All cable was terminated and tested.
Relevance to Contract Work:
- Project was 100% self-performed by Schultheis Electric.
 - Public Agency as owner.
 - Project required integration with existing communication network, upgrading infrastructure and servers.
 - Project was completed per the owner's schedule and a deduct change order was executed by removing some of the original demolition scope that did not benefit the owner.



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Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

iii. Owner Contact Information

- Name: Larry Boggs
Address: 801 Butler Pike, Mercer, PA 16137
Telephone: 724-662-1837
Email: lboggs@pa.gov
- iii. Original Bid/Proposal Price: \$43,322.95
Final Contract Price: \$37,227.67
Contract Value for which the firm was/is responsible: \$37,227.67
- iv. Original Project Completion Date: 07/01/2019
Actual Completion Date: 06/28/2019
- v. Owner Performance Ratings: N/A



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Section 2.3 Contractor Safety Record, Appendix G Designated Critical Work Qualifications Statement

Ref: Attachment 2 – OSHA300 Forms and Experience Modification Rating

See the attached OSHA300 Forms for years 2020-2022 and Workers Compensation Experience Modification Rating provided by PA Compensation Rating Bureau for years 2002-2023.



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Summary of Work-Related Injuries and Illnesses



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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric
 Street PO Box 798
 City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 92
 Total hours worked by all employees last year 170202

Sign here

Knowingly falsifying this document may result in a fine.

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



 Company executive

 President
 Title

724-537-5157 x 116

 Phone

1-11-2021

 Date

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

Summary of Work-Related Injuries and Illnesses

Year 2021



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

Form approved OMB no. 1218-0176

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

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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 110

Total hours worked by all employees last year 210289

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

724-537-5157 x 116

Phone

1/17/2022

Date

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

Log of Work-Related Injuries and Illnesses

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



Year 2022
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 T.S.B. Inc. dba Schultheis Electric
 City Latrobe State PA

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1		Electrician	2/8/2022	PennDOT Greene	Twisted knee from slip and fall on ice		X			65		X					
2		Electrician	8/2/2022	Latrobe Carpenter Steel	Twisted ankle from misstep backward				X	0		X					
Page totals						0	1	0	1	65	0	2	0	0	0	0	0

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

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

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

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

Summary of Work-Related Injuries and Illnesses

Year 2022

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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>65</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

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

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

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Street PO Box 798

City Latrobe State PA Zip 15650

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Electrical Construction

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1 7 3 1

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

Employment information

Annual average number of employees 113

Total hours worked by all employees last year 196978

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

(724) 537-5157 Phone

1/12/2023
Date



PENNSYLVANIA
Compensation Rating Bureau

PA EXPERIENCE RATING MODIFICATION

File Number:	2558519	County:	Westmoreland County
Data History:	0.716	Mailing Address:	P.O. Box 798
Location:	1		Latrobe PA 15650
Issue Date:	05/02/2023	Effective Term:	05/15/2023 - 05/15/2024
Employer Name:	TSB Inc		
Class Code:	0661		

Data History	Effective Date
0.716	05/15/2023
Class Reviewed	04/01/2023
0.673	05/15/2022
0.818	05/15/2021
0.836	05/15/2020
0.857	05/15/2019
0.691	05/15/2018
0.685	05/15/2017
0.679	05/15/2016
0.694	05/15/2015
0.752	05/15/2014
1.002	05/15/2013
0.880	05/15/2012
0.785	05/15/2011
0.731	05/15/2010
0.739	05/15/2009
0.747	05/15/2008
0.746	05/15/2007
0.722	05/15/2006
0.888	05/15/2005
1.119	05/15/2004
1.125	05/15/2003
1.051	05/15/2002

Class Code	Rating Value	Description	Location
0661	1.69	Electrical Wiring - Building	1
0822	0.06	Telecommuting Clerical Employees	1
0951	0.15	Salesperson Outside	1
0953	0.06	Office	1
9890	0.05	Safety Committee Credit	0

P.O. Box 798
Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

Section 2.3 Contractor Safety Record, Appendix G Designated Critical Work Qualifications
Statement

Ref: Attachment 3 – Health or Safety Citations

T.S.B. Inc. dba Schultheis Electric has not been issued any health or safety violations in the past
3 years.



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Residential – Commercial – Industrial*

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**APPENDIX G
DESIGNATED CRITICAL WORK
QUALIFICATIONS STATEMENT**

COVER SHEET

DGS Project Name SCI Greene – Renovate Switchgear & Generators

DGS Project Number DGS C-0372-0005 Phase 1 - Rebid

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:

Electrical Construction (.4 contract)

Security (working in a Correctional Institution)

IT Infrastructure/Fiber Optic

Integration with existing generator

Integration with existing building automation system

Name of Firm TSB Inc. dba Schultheis Electric

Address PO Box 798, Latrobe, PA 15650

Principal Office PO Box 798, Latrobe, PA 15650

Owner or Authorized Representative Tim Schultheis, President

SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? 44

b) How many years has the firm been doing business in proposed contract field? 44

Under what former names has the firm conducted business?

None

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

<u>Commonwealth of PA</u>	<u>City of Pittsburgh, PA</u>	<u>City of Altoona, PA</u>
<u>State of Maryland</u>	<u>State of Ohio</u>	<u>City of Cincinnati, OH</u>
<u>State of West Virginia</u>	<u>City of Fairmont, WV</u>	

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

Date of incorporation January 19, 1988

State of incorporation Pennsylvania

President's name Timothy Schultheis

Vice President's name(s) Timothy J. Schultheis II

Secretary's name Annette Schultheis

Treasurer's name _____

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	<u>2022</u>	<u>\$ 33,236,138.00</u>
Year	<u>2021</u>	<u>\$ 25,777,361.00</u>
Year	<u>2020</u>	<u>\$ 22,946,933.00</u>

- b) Identify the percentage of work on similar projects the firm typically performs with its own work force _____
- c) List the categories of work that the firm normally performs with its own forces on similar projects.

2.2 Project Experience and References

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

- a) Suggested number of Sheets/Pages:

- 3 sheets/(6 pages)

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

- vii. Name of project, type of project and location
- viii. Description of the project and relevance of work to the Contract Work
- ix. Contact information for an owner representative familiar with the firm's work performed on this project. Include name, address, telephone number(s) and e-mail address.
- x. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.
- xi. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.
- xii. As available, performance ratings of the work evaluated by owner or owner's representative.

2.3 Contractor Safety Record

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

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

Year 1:	<u>2023</u>	<u>0.716</u>
Year 2:	<u>2022</u>	<u>0.673</u>

Year 3: 2021 0.818

- 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: 2022 66

Year 2: 2021 0

Year 3: 2020 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: 2022 2.03

Year 2: 2021 0

Year 3: 2020 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
- 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
- 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
- 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
- 3.5 Has the firm defaulted, been terminated for cause or otherwise failed to complete any project that it was awarded?

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

- 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

*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

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes ___ No

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.

P.O. Box 798
Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

**Section 2.2 Project Experience and References, Appendix G Designated Critical Work
Qualifications Statement**

Ref: Attachment 1 – Similar Projects – Integration with existing generator

Project 1

- i. Project Name: 150070- CBC Companies, Pittsburgh - Generator
Project Type: Whole Building Emergency Generator
Project Location: 875 Greentree Road, 8 Parkway Center, Pittsburgh, PA 15220
- ii. Project Description: Provide a new 750 kW Diesel Powered, whole building emergency generator. Revise the existing service entrance to refeed existing service to a new service entrance rated, automatic transfer switch
Relevance to Contract Work:
 - Project Award was based on best value.
 - Generator and transfer switch configuration is identical to this facility with open transition, bypass isolation, service entrance rated transfer switch.
- iii. Owner Contact Information
Name: Lloyd Wickline
Address: 250 East Broad St. Columbus, OH 43215
Telephone: 614-309-4787
Email: Lloyd.wickline@250eastbroad.com
- iv. Original Bid/Proposal Price: \$535,225.00
Final Contract Price: \$629,115.00
Contract Value for which the firm was/is responsible: \$629,115.00
- v. Original Project Completion Date: 04/05/2017
Actual Completion Date: 04/05/2017
- vi. Owner Performance Ratings: N/A

Project 2

- i. Project Name: Greater Johnstown Water Authority Mill Creek Pump Station
Electrical Upgrade
Project Type: Whole Building Emergency Generator
Project Location: Johnstown, PA
- ii. Project Description: Provide a new medium voltage standby generator that backed up the entire facility including several large pumps. Rework the existing service



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Latrobe PA, 15650-0798



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switchgear with new medium voltage paralleling switchgear while limiting the down time to the operational facility.

Relevance to Contract Work:

- Project completed for public entity
- Generator and transfer switch configuration is identical to this facility with open transition, bypass isolation, service entrance rated transfer switch.
- Project required technical expertise in separately derived systems, transfer schemes and utility company standards.
- Project was 100% self-performed by Schultheis Electric including site civil, excavation, concrete and rigging.
- Project was completed several months ahead of schedule with no change orders.

iii. Owner Contact Information

Name: Mark Reynolds

Address: 1004 Ligonier St. Latrobe, PA 15650

Telephone: (724)-309-3037

Email: markareynolds@comcast.net

iv. Original Bid/Proposal Price: \$1,081,480.00

Final Contract Price: \$1,081,480.00

Contract Value for which the firm was/is responsible: \$1,081,480.00

v. Original Project Completion Date: 05/10/2013

Actual Completion Date: 12/31/2012

vi. Owner Performance Ratings: See attachment from Bruce Graham, Contract Administrator for Gibson-Thomas Engineering Co., Inc.

Project 3

i. Project Name: Trib Total Media – Falcon Generator Replacement

Project Type: Whole Building Emergency Generator

Project Location: 202 Falcon Lane, Tarentum, PA 15084

ii. Project Description: Provide the design and installation of a new 750KW diesel generator and 1600A service entrance rated automatic transfer switch.

Relevance to Contract Work:

- Project Award was based on best value.



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Phone: (724) 537-5157
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- Generator and transfer switch configuration is identical to this facility with open transition, bypass isolation, service entrance rated transfer switch.
 - Project was completed ahead of schedule with no change orders.
- iii. Owner Contact Information
Name: Eric Smith
Address: 202 Falcon Lane, Tarentum, PA 15084
Telephone: (724)-779-6995
Email: esmith@tribweb.com
- iv. Original Bid/Proposal Price: \$360,500.00
Final Contract Price: \$360,500.00
Contract Value for which the firm was/is responsible: \$360,500.00
- v. Original Project Completion Date: October 2017
Actual Completion Date: September 2017
- vi. Owner Performance Ratings: N/A



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Gibson-Thomas Engineering Co., Inc.

Consulting Engineers

ISO 9001:2008 Certified

7/25/13

Schultheis Electric
P.O. Box 798
Latrobe, PA 15650

Reference: Mill Creek Pump Station Electrical Upgrades
Contract 3/2012

To Whom It May Concern:

Please note the request for Payment and Performance Bonds is not based on the performance of Schultheis Electric or their payment of suppliers. They are performing above and beyond expectations and I know of no issues related to them, their work performance or in any way the project. This is merely to bring paperwork up to date and in conformance with contract requirements and was only a minor oversight.

If you should have any questions or concerns please contact me at (724) 539-8562 at extension 130.

Very truly yours,

GIBSON-THOMAS ENGINEERING CO., INC.



Bruce Graham, Contract Administrator

ESTABLISHED 1916

Corporate Office:

1004 Ligonier St., PO Box 853
Latrobe, Pennsylvania 15650
Phone: (724) 539-8562
Fax: (724) 539-3697
GTEmain@gibson-thomas.com

Harrisburg Area Office:

Phone: (717) 612-9880

Clarion Area Office:

Phone: (724) 526-2190

www.gibson-thomas.com

Pittsburgh Area Office:

Phone: (724) 935-8188

Indiana Area Office:

Phone: (724) 471-2246

P.O. Box 798
Latrobe PA, 15650-0798



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Section 2.3 Contractor Safety Record, Appendix G Designated Critical Work Qualifications Statement

Ref: Attachment 2 – OSHA300 Forms and Experience Modification Rating

See the attached OSHA300 Forms for years 2020-2022 and Workers Compensation Experience Modification Rating provided by PA Compensation Rating Bureau for years 2002-2023.



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Summary of Work-Related Injuries and Illnesses



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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric
 Street PO Box 798
 City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 92
 Total hours worked by all employees last year 170202

Sign here

Knowingly falsifying this document may result in a fine.

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



 Company executive

 President
 Title

724-537-5157 x 116

 Phone

1-11-2021

 Date

Summary of Work-Related Injuries and Illnesses



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Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 110

Total hours worked by all employees last year 210289

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

724-537-5157 x 116

Phone

1/17/2022

Date

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

Log of Work-Related Injuries and Illnesses

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



Year 2022
U.S. Department of Labor
 Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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

Establishment name T.S.B. Inc. dba Schultheis Electric
 City Latrobe State PA

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:						Check the "injury" column or choose one type of illness:					
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		(M)									
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses				
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)				
1		Electrician	2/8/2022	PennDOT Greene	Twisted knee from slip and fall on ice		X			65		X									
2		Electrician	8/2/2022	Latrobe Carpenter Steel	Twisted ankle from misstep backward				X	0		X									
Page totals						0	1	0	1	65	0	2	0	0	0	0	0				

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

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

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

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

Summary of Work-Related Injuries and Illnesses

Year 2022

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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>65</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 113

Total hours worked by all employees last year 196978

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

(724) 537-5157 Phone

1/12/2023
Date



PENNSYLVANIA
Compensation Rating Bureau

PA EXPERIENCE RATING MODIFICATION

File Number:	2558519	County:	Westmoreland County
Data History:	0.716	Mailing Address:	P.O. Box 798
Location:	1		Latrobe PA 15650
Issue Date:	05/02/2023	Effective Term:	05/15/2023 - 05/15/2024
Employer Name:	TSB Inc		
Class Code:	0661		

Data History	Effective Date
0.716	05/15/2023
Class Reviewed	04/01/2023
0.673	05/15/2022
0.818	05/15/2021
0.836	05/15/2020
0.857	05/15/2019
0.691	05/15/2018
0.685	05/15/2017
0.679	05/15/2016
0.694	05/15/2015
0.752	05/15/2014
1.002	05/15/2013
0.880	05/15/2012
0.785	05/15/2011
0.731	05/15/2010
0.739	05/15/2009
0.747	05/15/2008
0.746	05/15/2007
0.722	05/15/2006
0.888	05/15/2005
1.119	05/15/2004
1.125	05/15/2003
1.051	05/15/2002

Class Code	Rating Value	Description	Location
0661	1.69	Electrical Wiring - Building	1
0822	0.06	Telecommuting Clerical Employees	1
0951	0.15	Salesperson Outside	1
0953	0.06	Office	1
9890	0.05	Safety Committee Credit	0

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Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

Section 2.3 Contractor Safety Record, Appendix G Designated Critical Work Qualifications
Statement

Ref: Attachment 3 – Health or Safety Citations

T.S.B. Inc. dba Schultheis Electric has not been issued any health or safety violations in the past
3 years.



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**APPENDIX G
DESIGNATED CRITICAL WORK
QUALIFICATIONS STATEMENT**

COVER SHEET

DGS Project Name SCI Greene – Renovate Switchgear & Generators

DGS Project Number DGS C-0372-0005 Phase 1 - Rebid

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:

Electrical Construction (.4 contract)

Security (working in a Correctional Institution)

IT Infrastructure/Fiber Optic

Integration with existing generator

Integration with existing building automation system

Name of Firm TSB Inc. dba Schultheis Electric

Address PO Box 798, Latrobe, PA 15650

Principal Office PO Box 798, Latrobe, PA 15650

Owner or Authorized Representative Tim Schultheis, President

SECTION 1 – FIRM INFORMATION

1.1 Background Information

a) How many years has the firm been in business? 44

b) How many years has the firm been doing business in proposed contract field? 44

Under what former names has the firm conducted business?

None

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

<u>Commonwealth of PA</u>	<u>City of Pittsburgh, PA</u>	<u>City of Altoona, PA</u>
<u>State of Maryland</u>	<u>State of Ohio</u>	<u>City of Cincinnati, OH</u>
<u>State of West Virginia</u>	<u>City of Fairmont, WV</u>	

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

Date of incorporation January 19, 1988

State of incorporation Pennsylvania

President's name Timothy Schultheis

Vice President's name(s) Timothy J. Schultheis II

Secretary's name Annette Schultheis

Treasurer's name _____

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	<u>2022</u>	<u>\$ 33,236,138.00</u>
Year	<u>2021</u>	<u>\$ 25,777,361.00</u>
Year	<u>2020</u>	<u>\$ 22,946,933.00</u>

- b) Identify the percentage of work on similar projects the firm typically performs with its own work force _____
- c) List the categories of work that the firm normally performs with its own forces on similar projects.

2.2 Project Experience and References

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

- a) Suggested number of Sheets/Pages:

- 3 sheets/(6 pages)

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

- vii. Name of project, type of project and location
- viii. Description of the project and relevance of work to the Contract Work
- ix. Contact information for an owner representative familiar with the firm's work performed on this project. Include name, address, telephone number(s) and e-mail address.
- x. The original bid/proposal price and the final contract price. If the project is ongoing, project the final price and relation to proposal price. Contract value for which the firm was/is responsible.
- xi. The original date for project completion and the actual completion date. If the project is ongoing, project the completion date and relation to original schedule.
- xii. As available, performance ratings of the work evaluated by owner or owner's representative.

2.3 Contractor Safety Record

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

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

Year 1:	<u>2023</u>	<u>0.716</u>
Year 2:	<u>2022</u>	<u>0.673</u>

Year 3: 2021 0.818

- 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: 2022 66

Year 2: 2021 0

Year 3: 2020 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: 2022 2.03

Year 2: 2021 0

Year 3: 2020 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

- 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

- 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

- 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

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

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

Yes ___ No

- 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

*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

- 3.12 Has the firm been the subject to any bankruptcy proceeding?

Yes ___ No

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.

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Latrobe PA, 15650-0798



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Fax: (724) 537-9388

Section 2.2 Project Experience and References, Appendix G Designated Critical Work
Qualifications Statement

Ref: Attachment 1 – Similar Projects – Integration with existing building automation system

Project 1

- i. Project Name: SCI Albion Upgrade Controls – Phase 1
 - a. Project Type: Integration with existing building automation system
 - b. Project Location: SCI Albion, 10745 Route 18, Albion, PA 16475
- ii. Project Description: Changing over one L3 Housing Unit (Building A) and upgrading Central Control for the new system.
 - a. Central Control: Provide and install an Allen Bradley PLC control unit. Add a 23” HMI touch screen with a wall mount bracket that will replace the existing membrane touch panels. Leave existing membrane and Square D PLC in operation until the completion of all phases. As new building (Phases) get upgraded to the new system, those functions will be removed from the membrane panel. Install smaller touch screen on control panel door for local trouble shooting. Pull new Ethernet cables to the new HMI touch screens. Provide 8 hours of training for the new system.
 - b. Building A (L3 Housing Unit): Verify existing field / as-built drawings. Remove the existing Squared D PLC and replace with a new Allen Bradley PLC. Make any necessary control cabinet connections. New PLC will go in the existing cabinet. Remove (2) membrane touch panels and install (2) new 23” HMI touch screens. Modify the existing console for the new HMI touch screens to be placed where the old touch panels were located. Provide new sheet aluminum for new screen to mount into. Provide a new microphone / call station. Install smaller touch screen on control panel door for local trouble shooting. Pull new Ethernet cables to the new HMI touch screens. Provide 8 hours of training for the new system.
 - c. General: Provide programming for the various PLCs and touch screens. Provide as-built drawings of the upgraded system. Provide one laptop computer with one license for Allen Bradly studio 5000 software. A new switch will be installed for PLC cabinet at the housing unit and Central Control.
 - d. Relevance to Contract Work:
- iii. Project was 100% self-performed by Schultheis Electric
- iv. State Agency as owner.



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- v. Project required integration with networked control systems and integration to multiple intrusion detection and access control systems used at the facility.
- vi. Project was completed ahead of schedule with no change orders.
- vii. Owner Contact Information
 - a. Name: Mike Wenrick
 - b. Address: 10745 Route 18, Albion, PA 16475
 - c. Telephone: (814)-355-4874 x554
 - d. Email: mwenrick@pa.gov
- viii. Original Bid/Proposal Price: \$169,761.88
 - a. Final Contract Price: \$169,761.88
 - b. Contract Value for which the firm was/is responsible: \$169,761.88
- ix. Original Project Completion Date: 06/30/2020
 - a. Actual Completion Date: 01/2020.
- x. Owner Performance Ratings: N/A

Project 2

- i. Project Name: IP Cameras for Perimeter Fence
 - a. Project Type: Integration with existing building automation systems
 - b. Project Location: Somerset, PA
- ii. Project Description:
 - a. Provide 22 multi-function cameras around the perimeter fence. Cameras will have 4 fixed lenses to provide blanket coverage for situational awareness as well as **15 cameras** will have an integral pan-tilt-zoom camera to supplement the fixed lenses.
 - b. PTZ Cameras will be programmed to respond to fence proximity alarm inputs by zone and will move to a predetermined position chosen by SCI Somerset to best meet their viewing goals according to an individual alarm event.
 - c. Provide programming of cameras into the video management system.
 - d. Provide 13 fiber/switch boxes around the perimeter. Each box will have a fiber switch, power supplies, and fiber patch panels. Base bid is including the Cisco hardened switch in each box.
 - e. Provide a fiber backbone around perimeter fence line with a bi-direction loop feed with 6 strands of 9 micron, single mode fiber.
 - f. Provide power to each of the fiber switch boxes.



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- g. Provide Cat 6 cable from POE injectors to each camera. Cat 6 Cable to be outdoor rated.
 - h. Provide Camera mounting and support. Support to have break away rated at 45 lbs.
 - i. Provide a two 480V 30A three phase feeds from an existing 480V Panel in the central plant to to feed three phase power supplies in the fiber boxes for camera power feeds.
 - j. Provide underground trenching, backfill and restoration including blacktop patch for power feeds from central plant to the perimeter fence.
 - k. Provide an in grade Quazite box between the perimeter fences to feed the power.
 - l. Power will be run around the perimeter of the fence with Rigid Steel Conduit and be supported from the existing posts with conduit hangers.
 - m. All exposed bolted connections on supports, hangers, etc will be welded.
 - n. Provide fiber connection to DOC network from telephone room in administration building to video room in central control. Fiber to be 12 strands of 9 micron single mode fiber from Admin to Central Control video server room.
 - o. All fiber connections to DOC equipment to be ST Type.
 - p. Provide two video servers in the central control video room.
 - q. Provide a rack mounted UPS for video servers. 120V power to run to UPS is existing.
 - r. Provide a 208V to 208V UPS with a 208V to 480V Step up transformer and small branch circuit panel to distribute the two 480V camera circuits. Run time on the UPS will be minimal because the unit is backed up by generator but it will have a run time of 5 minutes approximately.
- iii. Owner Contact Information
- a. Name: Samuel Varchetti
 - b. Address: 1590 Walters Mill Road, Somerset, PA 15510
 - c. Telephone: 814-443-8100
 - d. Email: svarchetti@pa.gov
- iv. Original Bid/Proposal Price: \$785,006.08
- a. Final Contract Price: \$918,174.98
 - b. Original Project Completion Date: 7/2019
 - c. Actual Completion Date: 7/2019
- v. Owner Performance Ratings: N/A



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Project 3

- i. Project Name: Emergency PIDS & Phone Repairs
 - a. Project Type: Integration with existing building automation system
 - b. Project Location: 10745 Route 18, Albion, PA 16475
- ii. Project Description:
 - a. Emergency call out to review issues with PIDS system.
 - b. Remove existing rack mounted UPS's and rack.
 - c. Provide a new floor mounted 15 KW 120/208 volt input/output UPS.
 - d. Provide a new 125amp 120/208 volt panelboard (Panel UPS) for new UPS circuits.
 - e. Provide power feed from existing panel to feed new UPS. Provide feeder from UPS to new Panel UPS.
 - f. Provide new Senstar Fiber Patrol system per attached quote. Provide new conduit and wire from the control room to the exterior of each side of the walkway for the new system equipment. Install Senstar fiberoptic cable in conduit out to the fences.
 - g. Provide (2) electricians to assist DOC personal to install new fence fiberoptic cable.
 - h. Install wireless gate modules at Sallyport gates.
 - i. DOC to remove the existing old fence wire.
 - j. Provide (1) new work station and (1) rack mounted server for the PSM II software.
 - k. Rebuild screen PSMII software.
 - l. Provide engineer for system programming and upgrading from existing PSM system.
 - m. Test and calibrate new fence wiring per manufacturing standards.
 - n. Provide quad receptacles in each of the following: (3) CCTV room, (3) Control Room and (6) equipment room (total of (12) quad receptacles. Quad receptacles will be feed out of the new UPS Panel. Each quad receptacle will be on its own 20 amp 1P breaker (total of 12).
- iii. Owner Contact Information
 - a. Name: Don Zarembinski
 - b. Address: 10745 Route 18, Albion, PA 16475
 - c. Telephone: 814-756-5778 x 5300
 - d. Email: dzarembins@pa.gov
- iv. Original Bid/Proposal Price: \$279,349.64



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Phone: (724) 537-5157
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- a. Final Contract Price: \$279,349.64
- b. Original Project Completion Date: 6/2021
- c. Actual Completion Date: 6/2021
- v. Owner Performance Ratings: N/A



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Section 2.3 Contractor Safety Record, Appendix G Designated Critical Work Qualifications Statement

Ref: Attachment 2 – OSHA300 Forms and Experience Modification Rating

See the attached OSHA300 Forms for years 2020-2022 and Workers Compensation Experience Modification Rating provided by PA Compensation Rating Bureau for years 2002-2023.



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Summary of Work-Related Injuries and Illnesses



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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric
 Street PO Box 798
 City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 92
 Total hours worked by all employees last year 170202

Sign here

Knowingly falsifying this document may result in a fine.

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



 Company executive

 President
 Title

724-537-5157 x 116

 Phone

1-11-2021

 Date

Summary of Work-Related Injuries and Illnesses



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

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

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

Number of Cases

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

Number of Days

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

Injury and Illness Types

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

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

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Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 110

Total hours worked by all employees last year 210289

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

724-537-5157 x 116

Phone

1/17/2022

Date

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

Log of Work-Related Injuries and Illnesses

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



Year 2022
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 T.S.B. Inc. dba Schultheis Electric
 City Latrobe State PA

Identify the person			Describe the case			Classify the case				Enter the number of days the injured or ill worker was:							
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Check the "injury" column or choose one type of illness:							
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
1		Electrician	2/8/2022	PennDOT Greene	Twisted knee from slip and fall on ice		X			65		X					
2		Electrician	8/2/2022	Latrobe Carpenter Steel	Twisted ankle from misstep backward				X	0		X					
Page totals						0	1	0	1	65	0	2	0	0	0	0	0

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

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

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

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

Summary of Work-Related Injuries and Illnesses

Year 2022

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

Form approved OMB no. 1218-0176

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

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

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

Number of Cases

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

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
<u>65</u>	<u>0</u>
(K)	(L)

Injury and Illness Types

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

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

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

Establishment information

Your establishment name T.S.B. Inc. dba Schultheis Electric

Street PO Box 798

City Latrobe State PA Zip 15650

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

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

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

Employment information

Annual average number of employees 113

Total hours worked by all employees last year 196978

Sign here

Knowingly falsifying this document may result in a fine.

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



Company executive

President
Title

(724) 537-5157 Phone

1/12/2023
Date



PENNSYLVANIA
Compensation Rating Bureau

PA EXPERIENCE RATING MODIFICATION

File Number:	2558519	County:	Westmoreland County
Data History:	0.716	Mailing Address:	P.O. Box 798
Location:	1		Latrobe PA 15650
Issue Date:	05/02/2023	Effective Term:	05/15/2023 - 05/15/2024
Employer Name:	TSB Inc		
Class Code:	0661		

Data History	Effective Date
0.716	05/15/2023
Class Reviewed	04/01/2023
0.673	05/15/2022
0.818	05/15/2021
0.836	05/15/2020
0.857	05/15/2019
0.691	05/15/2018
0.685	05/15/2017
0.679	05/15/2016
0.694	05/15/2015
0.752	05/15/2014
1.002	05/15/2013
0.880	05/15/2012
0.785	05/15/2011
0.731	05/15/2010
0.739	05/15/2009
0.747	05/15/2008
0.746	05/15/2007
0.722	05/15/2006
0.888	05/15/2005
1.119	05/15/2004
1.125	05/15/2003
1.051	05/15/2002

Class Code	Rating Value	Description	Location
0661	1.69	Electrical Wiring - Building	1
0822	0.06	Telecommuting Clerical Employees	1
0951	0.15	Salesperson Outside	1
0953	0.06	Office	1
9890	0.05	Safety Committee Credit	0

P.O. Box 798
Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

Section 2.3 Contractor Safety Record, Appendix G Designated Critical Work Qualifications
Statement

Ref: Attachment 3 – Health or Safety Citations

T.S.B. Inc. dba Schultheis Electric has not been issued any health or safety violations in the past
3 years.



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Latrobe PA, 15650-0798



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Fax: (724) 537-9388

T-2A – Project Management Team

Schultheis Electric is a relatively flat structured organization that has few levels of hierarchy. This allows communication to flow from the President of the company all the way to the newest apprentice without going through many people. The executives at Schultheis Electric are actively involved in the day-to-day operation and either the president or vice president oversee each contract assignment. They are visible during the project with occasional site visits, project meetings and safety briefings.

Additionally, the project executive meets with the project manager in person weekly to review the project status and resource needs. Typically, this meeting involves the on site superintendent calling into the meeting and when needed the meeting will take place on the project site.

Schultheis Electric requires the project manager to maintain the following project logs for proper document control and also assist with the QA/QC programs: drawing log, RFI Log, Submittal Log, Change Order List, and a detailed Job Contact List. These are available for all employees to view and have access to from our backed-up and cloud based servers. This allows other team members to step in and assist or fill in, in the event someone is ill or is away from work. We believe this process has saved jobs from going off track or has allowed us to respond accurately and quickly when information is needed.

The Schultheis Team will converse with the other prime contractors and decide on what project management software platform will be utilized for document control. All management and field leaders from Schultheis Electric have either a laptop, tablet or both to access digital copies of the latest information. Programs that have been used in the past that could be used on this project include Procore, Plangrid, and Bluebeam.

Schultheis Electric maintains superior quality control by a three-step process.

- Maintain a steady workforce.
- Invest in continuing education for all employees.
- Maintain outstanding communications with the project team.

Best in class communication is maintained by using iPads/Tablets for all field leaders and utilizing either Procore, PlanGrid or software as determined by the Construction Manager.

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Fax: (724) 537-9388

At Schultheis Electric we don't cycle through tradesman "off the book". We keep and maintain a core group of trades people that we utilize on all projects. These electricians have all worked together on multiple projects and have a solid understanding on the requirements and standards Schultheis Electric adheres to.

All three of the management personnel proposed on this project live in Westmoreland County.

Project Personnel and Roles:

Project Executive: **Timothy J. Schultheis II, P.E.**

Role: As the Project Executive, Mr. Schultheis works closely with all team members to ensure the appropriate support and resources are provided for each assignment. Mr. Schultheis will lead weekly meetings with primary team members to review project progress, challenges and proposed solutions. Mr. Schultheis brings a unique and diverse skill set to this project for the Department of General Services. His background includes extensive design, field services and construction, testing, maintenance and electrical engineering for laboratory and government buildings. Mr. Schultheis would be responsible for technical review of all submittals, coordination of shop drawings and modeling activities, testing, recommended actions and remediation of all deficiencies

Mr. Schultheis is actively involved in the Quality Control/Quality Assurance and Safety Programs for the company. His duties include attending pre-bid and concurrent planning events to ensure client cohesiveness, coordination, and scheduling of services. His experience in the electrical construction industry includes project management, inspections, engineering, and design. Mr. Schultheis offers extensive experience in project management using Autodesk Constructware, Procore, PlanGrid, drafting and design software and technical guidance in electrical construction.

Project Manager: **Ken Mickinac**

Role: As the Project Manager, Mr. Mickinac works closely with members of core planning to ensure the appropriate support is provided for each contract assignment. His duties include attending project meetings and planning events to ensure client cohesiveness, coordination and scheduling of material deliveries, direction and management of electricians, and Quality Assurance Management. Mr. Mickinac will be the primary day to day contact on the project representing Schultheis Electric. His

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experience in the electrical construction industry includes project management, estimating, BIM coordination and contract risk management. His experience in the electrical construction industry includes heavy industrial, municipal, healthcare, and commercial applications for electric power distribution, controls, instrumentation, communication and audio/visual work. His customer-focused and cooperative manner results in quality construction, done on time, with very few change orders.

Project Superintendent/Foreman: Dave Vargo

Role: Superintendent/Foreman Electrician, Mr. Vargo works closely with the Project Manager to ensure the appropriate management support is provided for each assignment. His duties include attending job meetings to ensure client cohesiveness and deadline management, coordinate receipt of material deliveries, direction and management of electricians, Quality Assurance Management and Job Safety Awareness. His experience in the electrical construction industry includes commercial, light and heavy industrial electrical, low and medium voltage distribution, building control – fire and security system installation, service and repair motor control circuitry Single/ 3 Phase systems, utility work overhead and underground and traffic systems troubleshooting and repair.

Mr. Vargo also holds many safety certifications and is actively involved in the company safety program. Mr. Vargo has extensive experience leading high profile, challenging projects with multiple systems. He has successfully led some of the largest projects completed by Schultheis Electric. His technical ability, foresight and planning while maintaining a superior safety record has led him to the forefront as our recommended project superintendent/foreman.

Manpower

Schultheis Electric plans to utilize currently employed electricians for the work at SCI Greene. The majority of our workforce lives in southwestern Pennsylvania.

The projected manpower for this project will be approximately 3 electricians and a working subforeman and foreman. Civil work including rigging and setting equipment will be completed in house with Schultheis Electric employees which will allow us to maintain quality control and scheduling. Most of the work will take place in 2025 because of the long lead time on the equipment and we will be able to plan for the proper electricians to be available.

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Vice President - Operations
Timothy J. Schultheis II, P.E.
PO Box 798
Latrobe, PA 15650

Project Responsibilities Proposed for the project:

Tim Schultheis II as the account manager for this project will be responsible for the management and oversight of all electrical activities at the site. Mr. Schultheis will manage all coordination modeling, implement all quality control, safety, and scheduling for the project. He would be the primary point of contact for this project.

EDUCATION AND TRAINING:
Electrical Engineering Bachelor of Science
Pennsylvania State University



EMPLOYER:
TSB, Inc. d/b/a Schultheis Electric
PO Box 798
Latrobe, PA 15650

Relevant Experience Criteria

- ✓ 22 Years of Experience
- ✓ 12 Years Project Management Experience
- ✓ 16 Years Engineering & Testing Experience

PROFESSIONAL QUALIFICATIONS:
Professional Engineer, Registered in PA, OH & WV
IBEW Local #5 Journeyman Electrician
Master Electrician, Registered in WV
LEED Accredited Professional

TIME WITH FIRM: 12 years
TOTAL YEARS EXPERIENCE: 22 years

PROFESSIONAL EXPERIENCE:

As the account manager, Mr. Schultheis works closely with all team members to ensure the appropriate support is provided for each assignment. Mr. Schultheis brings a unique and diverse skill set to this project. His background includes extensive field services and construction, testing, maintenance and electrical engineering for transportation and government buildings. Mr. Schultheis would be responsible for technical review of all submittals, coordination modeling activities, testing, recommended actions and remediation of all deficiencies.

As operations manager, Mr. Schultheis works closely with members of core planning to ensure the appropriate management support is provided for each contract assignment. Typically, Mr. Schultheis manages the medium and high voltage projects and all preventive maintenance and Professional Services, he is also actively involved in the Quality Control/Quality Assurance and Safety Programs for the company. His duties include attending pre-bid and concurrent planning events to ensure client cohesiveness, coordination, and scheduling of services. His experience in the electrical construction industry includes project management, inspections, engineering, and design. With an engineering background, Mr. Schultheis offers extensive experience in advanced drafting and design software, project management using Autodesk Construct-ware and technical guidance in electrical construction.

PROFESSIONAL EXPERIENCE by Type:

- Construction TSB, Inc. d/b/a Schultheis Electric
Project Manager/Engineer January 10, 2011 – Present
Journeyman Wireman 2000 - 2005
- Engineering Professional Engineer, H.F. Lenz Company
May 2005-December 2010

ADDITIONAL TRAINING:
Member International Association of Electrical Inspectors
NFPA 70E (Arc Flash) Certification
National Electrical Code Update Classes
SKM Power Tools – Power System Studies and Analysis
Health Care Lighting, RP29-06

Member National Society of Professional Engineers
Visual Lighting Calculations, Lithonia
Lighting Controls, Lutron
New Technologies in Lighting, Lithonia
LEED Accredited Professional

Director of Projects
Ken Mickinac
PO Box 798
Latrobe, PA 15650

Project Responsibilities:

Ken Mickinac as our Director of Projects, will be responsible for the management and oversight of all construction activities involved with this project.

Relevant Experience Criteria

- ✓ 15 Years Experience
- ✓ 15 Years Project Management Experience
- ✓ 15 Years Supervisory Experience

EDUCATION AND TRAINING:



EMPLOYER:

TSB, Inc. d/b/a Schultheis Electric
PO Box 798
Latrobe, PA 15650

TIME WITH FIRM:

9 years

TOTAL YEARS EXPERIENCE:

15 years

PROFESSIONAL EXPERIENCE:

As Director of Projects, Mr. Mickinac works closely with members of core planning to ensure the appropriate management support is provided for each contract assignment. His duties include attending job meetings, pre-bid and concurrent planning events to ensure client cohesiveness, coordination and scheduling of material deliveries, direction and management of electricians, and Quality Assurance Management. His experience in the electrical construction industry includes project management, estimating, BIM coordination and contract risk management. His experience in the electrical construction industry includes heavy industrial, municipal, healthcare, and commercial applications for electric power distribution, controls, instrumentation, communication, and audio/visual work.

PROFESSIONAL EXPERIENCE by Type:

2020-Present	Schultheis Electric Director of Projects
2014-2018	Sargent Electric Industrial/Infrastructure Department Manager Project Manager / Estimator
2008-2014	Schultheis Electric Project Manager / Estimator

KEY PROJECTS:

Shell Cracker Plant, ECU Heat Trace Project (\$34M)
United States Steel Corp, Various Projects (\$5M Yearly)
Vallourec Steel, Various Project (\$1.25M Yearly)
University of Pittsburgh, High Voltage Lab Design/Build (\$1.3M)

ADDITIONAL TRAINING:

OSHA 30 Certification
First Aid
Triangle Tech, Associates Degree in Specialized Technology
– Maintenance Electricity & Construction Technology

Foreman/Journeyman Electrician – Qualification Form

David Vargo

PO Box 798

Latrobe, PA 15650

Project Responsibilities Proposed for the SCI Greene Switchgear Upgrades project

David Vargo as our proposed Superintendent/Foreman Electrician will be responsible for the management and oversight of all electrical activities involved for the SCI Greene Switchgear Upgrades project.

Relevant Experience Criteria

- ✓ 21 Years Experience
- ✓ 19 Years Foreman/Supervisor Experience
- ✓ 100+ Foreman Projects

EDUCATION AND TRAINING:

ITT Technical Institute
Joint Apprenticeship Program – IBEW Local #5

PROFESSIONAL QUALIFICATIONS:

Foreman Journeyman Electrician



EMPLOYER:

TSB, Inc. d/b/a Schultheis Electric
PO Box 798
Latrobe, PA 15650

TIME WITH FIRM:

21 years

TOTAL YEARS EXPERIENCE:

21 years

PROFESSIONAL EXPERIENCE:

As a Superintendent/Foreman Electrician, Mr. Vargo works closely with the Project Manager to ensure the appropriate management support is provided for each assignment. His duties include attending job meetings to ensure client cohesiveness and deadline management, coordinate receipt of material deliveries, direction and management of electricians, Quality Assurance Management and Job Safety Awareness. His experience in the electrical construction industry includes commercial, light and heavy industrial electrical, low and medium voltage distribution, building control – fire and security system installation, service and repair motor control circuitry Single/ 3 Phase systems, utility work overhead and underground and traffic systems troubleshooting and repair.

PROFESSIONAL EXPERIENCE by Type:

Construction TSB, Inc. d/b/a Schultheis Electric
Foreman 2004 - Present
Journeyman Electrician 2002 – 2004

EXAMPLES OF FOREMAN EXPERIENCE by Type:

Sub-station Latrobe Specialty Steel – replaced 25 Kv Sub-station
Sub-Station Crown Cork and Seal – New Power Distribution System 5 Kv
Renovations Elliott Company, 25 kv Test Facility
Renovations Washington County Courthouse – 911 Center Generator and UPS System
Renovations Washington County Airport Vault Relocation & Airport PAPI system
Renovations Washington County Airport New Power Distribution System for the Data Center
Maintenance David Lawrence Convention Center Power Factor Corrections
New Construction Bethlen Home, Ligonier 500Kw Generator

ADDITIONAL TRAINING:

Sub Station Training
ICRA 8 Certification
OSHA 10 Outside Certification
NFPA 70E Certification
Confined Space Training
P.A.A.C. Railway Safety Training
ASNT Thermography Level 1
icode Solar Alternative Energy Certification
NEC Update Class
CDL Class A License
Aerial Lift and Forklift Certified
IBEW Rigging and Signaling Certification
Industrial Crane Operator Certification
OSHA 30 Certification

P.O. Box 798
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T-2B – Work Plan and Schedule

Schultheis Electric will be going into this specific contract with the awareness, understanding and experience to manage and execute the critical issues that will be encountered along with keeping the critical path of the project in focus. In today's construction industry, we see the following items as the top critical issues that arise throughout a project:

- Coordination with all contractors including the separations of Primes.
- Keeping true to the contract schedule, milestones, lead times and building sequences.

Coordination is a top priority at Schultheis Electric. Contracts with separate primes can test how well a company communicates and coordinates with all parties involved to make a project successful. With a large percentage of our projects being complete with separate primes, we take this challenge head on. We have internal systems in place to have seamless communication between the field and our project/contract management team. This allows us to obtain and keep an open and detailed communication line between all primes. We can communicate our real time issues/concerns or achievements in a very quick and efficient manner with the entire construction team and owner. Communication will be used as our number one tool to minimize the project risk.

Building sequences also comes down to communication and experience. These sequences will be discussed upfront, so all primes are on the same page without surprises. Out of sequence work not only affects the overall schedule/milestones, but also can cause re-work or extra work for a certain prime. Schultheis Electric will make it a daily obligation to coordinate with all primes and vendors to assure the sequences is being executed as planned.

This project is critical to the state and local municipalities, as it should be. To keep this project successful for all parties, the schedule will take a front seat in all project discussions. Schedules have never been more of hot topic item than in today's world with the supply chain industry. Schultheis Electric works closely with all its vendors/manufacturers to ensure on time completion of the project. This includes regular conversation and updates from all parties. This reduces the instances of getting to a quoted ship date and the dates being pushed out. We will strive to keep the flow of information open which will allow quick solutions and decisions to be made in order to deliver on the schedule and milestones.

All construction projects seem to have limited laydown and storage for materials and



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equipment. This is one advantage Schultheis Electric will have because of its close proximity to the job site. Prefabricated assemblies, special tools and equipment and materials can be brought to the project site as needed eliminating the hazards that come with the storage on site of these items. This typically results in a safer, cleaner job site.

Schultheis Electric will also team with one of our vendor partners for a Site Inventory Management Program for day-to-day commodity materials, consumables, PPE such as safety glasses, ear plugs, and even daily drinking water.

There are some long lead time items on this project, but they are not believed to have much risk because of the overall project duration. The items we identified with longer lead time items include the following. (All lead times are approximate from the date of release and are based on current market conditions.)

Lighting Fixtures – 16 weeks
Lighting Inverters – 12 weeks
Paralleling Switchgear Shop Drawings – 10 weeks
Paralleling Switchgear – 80 weeks
Generator Controls – 40 weeks
Low Voltage Switchboard Shop Drawings – 8 weeks
Main Tie Main Low Voltage Switchboards – 85 weeks
Temporary Switchboard – 52 weeks
Temporary Distribution Panel – 40 weeks
Switchgear door replacements – 40 weeks

The best part of the material procurement process that Schultheis Electric can offer is making sure there are no reasons for delay in the submittal, approval, and release process. This is done by having in-house technical expertise and all submittals going through an internal QA/QC process that ensures quick turnaround in the approval process. Schultheis Electric will submit clear, concise submittals that are accurate, technically sound and explain any possible deviations and the reason for the deviation.

Technology will be a large part of the execution of this project. Our management team will utilize multiple types of software and programs throughout the project. This is true from the top down. Live tracking access will be discussed with our vendors to manage delivery dates of critical equipment. A Sharepoint software will be utilized with our management team down to the field superintendent and foremen to provide live, updated, and accurate information in an ever-evolving project. Everyone will know the plan and execute that plan.



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For discussion on schedule, we have attached the preliminary project schedule for review. This schedule will change during coordination with the other prime contractors, but the critical path will be obtained and held during those scheduling meetings.



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Commonwealth of Pennsylvania
Department of General Services.
2nd Floor Arsenal Building
18th & Herr Street
Harrisburg, PA 17125
Phone: (717) 787-4054

October 3, 2023
Quote No.: PB024-23

SCI Greene – Renovate Switchgear & Generators
Contract No. DGS C-0372-0005 Phase 1.4 – Electrical Construction

Schultheis Electric will supply all labor and materials to successfully complete the above referenced project according to the following notes.

Base Bid #1 includes the following:

- Providing a project schedule. Coordinate with the General Contractor selected to incorporate his work into the project schedule.
- Provide submittals for equipment and materials being provided.
- Provide a temporary DGS Job trailers per the specifications. Include all equipment noted in the trailer. Provide temporary power for the existing building service. Provide internet via a hot-spot. This job trailer will not be installed until one month prior to on-site construction is scheduled.
- Lighting, Building #14:
 - Remove the existing lighting fixtures and emergency lighting fixtures in the Electric Room and Emergency Generator Room in Building #14. Retain main lighting feeder for extension to the two new lighting inverters.
 - Provide new lighting fixtures, exit signs and two lighting inverters. Extend the existing lighting circuit to the two new lighting inverters. Provide new conduit and wiring from the two new lighting inverters out to the new light fixtures.
- Paralleling Switchgear Replacement:
 - Conduct a pre-installation meeting this all parties involved to discuss the exact plan for the Paralleling Switchgear replacement.
 - Pour a house keeping pad for the new Paralleling Switchgear.
 - Install the new Paralleling Switchgear. Extend new DC voltage feeders from the existing switchgear battery system to the new Paralleling Switchgear.
 - Provide replace of Paralleling Switchgear pre the Sequence notes on the drawings.
 - Provide testing and provide results to the agency.
- Provide as-built drawings and close out documentations at the conclusion of the project.



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Base Bid #2 includes the following:

- Everything noted in Base Bid #1.
- Replace the two main breakers and the tie breaker with new breakers in the existing switchboard in Building #5.
- Replace the two main breakers and the tie breaker with new breakers in the existing switchboard in Building #8.
- Replace the two main breakers and the tie breaker with new breakers in the existing switchboard in Building #14.

Base Bid #3 includes the following:

- Everything noted in Base Bid #1.
- Lighting, Building #5:
 - Remove the existing lighting fixtures and emergency lighting fixtures in the Electric Room in Building #5. Retain main lighting feeder for extension to the new lighting inverter.
 - Provide new lighting fixtures, exit signs and two lighting inverters. Extend the existing lighting circuit to the new lighting inverter. Provide new conduit and wiring from the new lighting inverter out to the new light fixtures.
- Low Voltage Switchboard, Building #5:
 - Conduct a pre-installation meeting this all parties involved to discuss the exact plan for the switchboard replacement.
 - Provide an outdoor temporary switchboard.
 - Provide temporary feeders from the temporary switchboard to each of the existing devices being fed from the existing switchboard. Do not connect the temporary feeders at the devices until next phase.
 - Extend a temporary feeder from Side A and terminate to the temporary switchboard.
 - Disconnect the existing feeder and terminate temporary feeders at each of the devices. Retain the existing feeder for reconnect once new switchboard is installed.
 - Remove the existing switchboard.
 - Install the new switchboard. Extend the existing feeders if necessary and connect to the new switchboard. Extend the existing feeders if necessary and reconnect the existing device conductors to the new switchboard breakers.
 - Disconnect temporary feeders at the devices and reconnect the existing feeder that connects to the new switchboard. This will be done one at a time for each devices.
 - Once all existing feeders are connected, remove the temporary switchboard and temporary feeders.



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- Replace the two main breakers and the tie breaker with new breakers in the existing switchboard in Building #8.
- Replace the two main breakers and the tie breaker with new breakers in the existing switchboard in Building #14.

Base Bid #4 includes the following:

- Everything noted in Base Bid #3.
- Lighting, Building #8:
 - Remove the existing lighting fixtures and emergency lighting fixtures in the Electric Room in Building #8. Retain main lighting feeder for extension to the new lighting inverter.
 - Provide new lighting fixtures, exit signs and two lighting inverters. Extend the existing lighting circuit to the new lighting inverter. Provide new conduit and wiring from the new lighting inverter out to the new light fixtures.
- Low Voltage Switchboard, Building #14:
 - Conduct a pre-installation meeting this all parties involved to discuss the exact plan for the switchboard replacement.
 - Provide an outdoor temporary switchboard.
 - Provide temporary feeders from the temporary switchboard to each of the existing devices being fed from the existing switchboard. Do not connect the temporary feeders at the devices until next phase.
 - Disconnect the two existing busducts from the existing switchboard. Provide new busduct tap connection boxes on each existing busduct.
 - Extend a temporary feeder from Side A and terminate to the temporary switchboard.
 - Disconnect the existing feeder and terminate temporary feeders at each of the devices. Retain the existing feeder for reconnect once new switchboard is installed.
 - Remove the existing switchboard.
 - Install the new switchboard. Extend new feeders from the new busduct cable tap boxes down to the new switchboard and terminate. Extend if necessary and reconnect the existing device conductors to the new switchboard breakers.
 - Disconnect temporary feeders at the devices and reconnect the existing feeder that connects to the new switchboard. This will be done one at a time for each devices.
 - Once all existing feeders are connected, remove the temporary switchboard and temporary feeders.



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➤ **Low Voltage Switchboard, Building #8**

- Conduct a pre-installation meeting this all parties involved to discuss the exact plan for the switchboard replacement.
- Provide a temporary distribution panel in existing electric room.
- Provide temporary feeders from the temporary distribution panel to each of the existing devices being fed from the existing switchboard. Do not connect the temporary feeders at the devices until next phase.
- Extend a temporary feeder from the existing junction box from the Side A feeder and terminate to the temporary distribution.
- Disconnect the existing feeder and terminate temporary feeders at each of the devices. Retain the existing feeder for reconnect once new switchboard is installed.
- Remove the existing switchboard.
- Install the new switchboard. Extend existing feeders if necessary and connect to the new switchboard. Extend existing feeders if necessary and reconnect the existing device conductors to the new switchboard breakers.
- Disconnect temporary feeders at the devices and reconnect the existing feeder that connects to the new switchboard. This will be done one at a time for each devices.
- Once all existing feeders are connected, remove the temporary distribution panel and temporary feeders.



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SCI Greene - Renovate Switchgear & Generators

Contract No. DGS C-0372-0005

Phase 1.4 - Electrical Construction

Preliminary Schedule by TSB Inc. d/b/a Schultheis Electric

ID	Task Mode	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1	+	BASE BID #1	662 days	Mon 2/5/24	Tue 8/18/26		
2	+	Receive PO	1 day	Mon 2/5/24	Mon 2/5/24		
3	+	Submittals	40 days	Mon 2/5/24	Fri 3/29/24		
4	+	Submittal Review	10 days	Mon 4/1/24	Fri 4/12/24		
5	+	Submittal Revisions	10 days	Mon 4/15/24	Fri 4/26/24		
6	+	Final Submittal Review	5 days	Mon 4/29/24	Fri 5/3/24		
7	+	Procure Materials	400 days	Mon 5/6/24	Fri 11/14/25		
8	+	Mobilization	5 days	Mon 8/25/25	Fri 8/29/25		
9	+	Set up DGS Job Trailer	5 days	Mon 9/1/25	Fri 9/5/25		
10	+	Foreman project review	20 days	Mon 9/8/25	Fri 10/3/25		
11	+	Install new electric room lights and inverters	20 days	Mon 10/6/25	Fri 10/31/25		
12	+	Demo old electric room lights	5 days	Mon 11/3/25	Fri 11/7/25		
13	+	Pre-installation meeting	1 day	Mon 11/10/25	Mon 11/10/25		
14	+	Received and offload equipment	1 day	Mon 11/17/25	Mon 11/17/25		
15	+	Pour Paralleling Switchgear pad	3 days	Mon 10/20/25	Wed 10/22/25		
16	+	install paralleling switchgear	9 days	Mon 11/17/25	Thu 11/27/25		
17	+	DC power to Paralleling Switchgear	5 days	Mon 12/1/25	Fri 12/5/25		
18	+	Single-Side Side A to isolate Side B	1 day	Mon 12/8/25	Mon 12/8/25		
19	+	Replace Gen#2 Controls & MV Feeder	12 days	Mon 12/8/25	Tue 12/23/25		
20	+	Replace Side B MV Feeder and get Side B working in new gear	16 days	Wed 12/24/25	Wed 1/14/26		
21	+	Generator Testing and Startup for Side B	2 days	Thu 1/15/26	Fri 1/16/26		
22	+	Single-Side Side B to isolate Side A	1 day	Mon 1/19/26	Mon 1/19/26		
23	+	Replace Gen#1 Controls & MV Feeder	12 days	Mon 1/19/26	Tue 2/3/26		
24	+	Replace Side A MV Feeder and get Side A working in new gear	16 days	Wed 2/4/26	Wed 2/25/26		
25	+	Generator Testing and Startup for Side A	2 days	Thu 2/26/26	Fri 2/27/26		

SCI Greene - Renovate Switchgear & Generators

Contract No. DGS C-0372-0005

Phase 1.4 - Electrical Construction

Preliminary Schedule by TSB Inc. d/b/a Schultheis Electric

ID	Task Mode	Task Name	Duration	Start	Finish	Predecessors	Resource Names	
26		Startup and commissioning Entire system	5 days	Mon 3/2/26	Fri 3/6/26			
27		Demo old paralleling controls and unused Gear Cabinets	10 days	Mon 3/9/26	Fri 3/20/26			
28		Close-out documentation	10 days	Mon 3/23/26	Fri 4/3/26			
29		Disconnect and remove DGS Trailer	3 days	Mon 4/6/26	Wed 4/8/26			
30		Demobilization	5 days	Mon 4/13/26	Fri 4/17/26			
31								
32		Base Bid #2 ADDER						
33		Procure Breakers	200 days	Mon 5/6/24	Fri 2/7/25			
34		Pre-installation meeting	1 day	Mon 9/15/25	Mon 9/15/25			I
35		Replace Building #14 M-T-M breakers	1 day	Tue 9/16/25	Tue 9/16/25			I
36		Replace Building #8 M-T-M breakers	1 day	Wed 9/17/25	Wed 9/17/25			I
37		Replace Building #5 M-T-M breakers	1 day	Thu 9/18/25	Thu 9/18/25			I
38								
39		Base Bid #3 ADDER						
40		Procure Breakers	200 days	Mon 5/6/24	Fri 2/7/25			
41		Procure Materials (temp switchboard)	260 days	Mon 5/6/24	Fri 5/2/25			
42		Procure Materials (new M-T-M switchboard)	425 days	Mon 5/6/24	Fri 12/19/25			
43		Pre-installation meeting Bld #8 & #14 M-T-M breaker replacements	1 day	Mon 9/15/25	Mon 9/15/25			I
44		Replace Building #14 M-T-M breakers	1 day	Tue 9/16/25	Tue 9/16/25			I
45		Replace Building #8 M-T-M breakers	1 day	Wed 9/17/25	Wed 9/17/25			I
46		Install new Bld 5 electric room lights and inverters	5 days	Thu 9/18/25	Wed 9/24/25			■
47		Demo Bld 5 old electric room lights	1 day	Thu 9/25/25	Thu 9/25/25			I
48		Received and offload equipment	1 day	Fri 12/19/25	Fri 12/19/25			I

SCI Greene - Renovate Switchgear & Generators

Contract No. DGS C-0372-0005

Phase 1.4 - Electrical Construction

Preliminary Schedule by TSB Inc. d/b/a Schultheis Electric

ID	Task Mode	Task Name	Duration	Start	Finish	Predecessors	Resource Names	
49	+	Pre-installation meeting Bld #5 LV Switchboard Replacement	1 day	Wed 1/14/26	Wed 1/14/26			
50	+	Install temporary feeds and switchboard	45 days	Mon 1/19/26	Fri 3/20/26			
51	+	Disconnect feeders	5 days	Mon 3/23/26	Fri 3/27/26			
52	+	Stage gear into facility	3 days	Mon 3/30/26	Wed 4/1/26			
53	+	Demo Bld #5 switchboard	7 days	Thu 4/2/26	Fri 4/10/26			
54	+	Install new switchboard	7 days	Mon 4/13/26	Tue 4/21/26			
55	+	extend feeders and termine in new switchboard	10 days	Wed 4/22/26	Tue 5/5/26			
56	+	commission new switchboard	2 days	Wed 5/6/26	Thu 5/7/26			
57	+	remove temporary power	24 days	Fri 5/8/26	Wed 6/10/26			
58	+	Close-out documentation	10 days	Thu 6/11/26	Wed 6/24/26			
59	+	Disconnect and remove DGS Trailer	3 days	Thu 6/25/26	Mon 6/29/26			
60	+	Demobilization	5 days	Tue 6/30/26	Mon 7/6/26			
61								
62	+	Base Bid #4 ADDER						
63	+	Procure Materials Temp Panel	200 days	Mon 5/6/24	Fri 2/7/25			
64	+	Procure Materials M-T-M Switchboards	425 days	Mon 5/6/24	Fri 12/19/25			
65	+	Install new Bld 8 electric room lights and inverters	2 days	Mon 9/29/25	Tue 9/30/25			
66	+	Demo Bld 8 old electric room lights	1 day	Wed 10/1/25	Wed 10/1/25			
67	+	Pre-installation meeting Bld #8 LV Switchboard Replacement	1 day	Mon 3/2/26	Mon 3/2/26			
68	+	Install temporary feeds and dist panel	12 days	Tue 3/3/26	Wed 3/18/26			
69	+	Disconnect feeders	2 days	Thu 3/19/26	Fri 3/20/26			
70	+	Stage gear into facility	2 days	Mon 3/23/26	Tue 3/24/26			
71	+	Demo Bld #8 switchboard	6 days	Wed 3/25/26	Wed 4/1/26			
72	+	Install new switchboard	6 days	Thu 4/2/26	Thu 4/9/26			

Project: SCI Greene Reno. Switchgear & Generators
Date: Tue 10/3/23

Task Milestone Project Summary External Milestone Inactive Milestone Manual Task Manual Summary Rollup Start-only Deadline Progress

Split Summary External Tasks Inactive Task Inactive Summary Duration-only Manual Summary Finish-only

SCI Greene - Renovate Switchgear & Generators

Contract No. DGS C-0372-0005

Phase 1.4 - Electrical Construction

Preliminary Schedule by TSB Inc. d/b/a Schultheis Electric

ID	Task Mode	Task Name	Duration	Start	Finish	Predecessors	Resource Names
73		extend feeders and terminte in new switchboard	3 days	Fri 4/10/26	Tue 4/14/26		
74		commission new switchboard	2 days	Wed 4/15/26	Thu 4/16/26		
75		remove temporary power	6 days	Fri 4/17/26	Fri 4/24/26		
76		Pre-installation meeting Bld #14 LV Switchboard Replacement	1 day	Tue 3/10/26	Tue 3/10/26		
77		Install temporary feeds and switchboard	30 days	Thu 3/12/26	Wed 4/22/26		
78		Disconnect feeders and cable bus	12 days	Thu 4/23/26	Fri 5/8/26		
79		Stage gear into facility	2 days	Mon 5/11/26	Tue 5/12/26		
80		Demo Bld #14 switchboard	5 days	Wed 5/13/26	Tue 5/19/26		
81		Install new switchboard	5 days	Wed 5/20/26	Tue 5/26/26		
82		extend feeders and terminte in new switchboard	12 days	Wed 5/27/26	Thu 6/11/26		
83		commission new switchboard	2 days	Fri 6/12/26	Mon 6/15/26		
84		remove temporary power	15 days	Tue 6/16/26	Mon 7/6/26		
85		Close-out documentation	10 days	Mon 7/20/26	Fri 7/31/26		
86		Disconnect and remove DGS Trailer	3 days	Mon 8/3/26	Wed 8/5/26		
87		Demobilization	5 days	Mon 8/10/26	Fri 8/14/26		

Project: SCI Greene Reno. Switchgear & Generators
Date: Tue 10/3/23

Task Split
 Milestone
 Summary
 Project Summary
 External Tasks
 External Milestone
 Inactive Task
 Inactive Milestone
 Inactive Summary
 Manual Task
 Duration-only
 Manual Summary Rollup
 Manual Summary
 Start-only
 Finish-only
 Deadline
 Progress

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T-2C – Safety Plan

Schultheis electric starts every project with safety and quality at the forefront. The two are irreversibly linked together and make up our culture. For this project, like all projects, the project foreman/superintendent will be leading the charge on both safety and quality. All projects have a safety manual on site for reference, and this is also covered throughout the year in training, tool box talks and safety days. A snapshot of our safety manual table of contents is below:

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5	HAND TOOL SAFETY PLAN	10
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ATTACHMENTS: SUBSTANCE ABUSE TESTING PROGRAM

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We have also included a preview of the process that is gone through for our Activity Hazard Analysis.

Purpose

To aid in the identification of uncontrolled hazards so that steps can be taken to eliminate or reduce them to an acceptable risk.

Criteria for AHA Development

Activity Hazard Analysis (AHA) is a technique that focuses on job tasks as a way to identify hazards before they occur. Factors to consider in setting a priority for analysis of jobs include:

- Accident frequency: jobs where accidents occur frequently.
- Accident severity: jobs with infrequent accidents but result in disabling injuries.
- Newly established jobs: due to lack of experience, hazards may not be anticipated.
- Modified jobs – new hazards may be associated due to changes in job procedures.
- Complex or infrequently performed jobs: where written instructions are required.
- Any other job/task as deemed necessary by Project Manager and Area/Site Safety Manager

Responsibilities

- Project Managers and Project Foreman/Superintendents shall develop, at job start-up, an AHA Schedule based on CPM activities meeting the above criteria.
- Project Managers shall assign AHA development & implementation to project staff.
- Project Manager/Superintendent and Area/Site Safety Manager shall review AHA's prior to use.
- Project Managers are to track development and close out of all AHA's.
- Foremen are to review AHA's with crews before work activity begins.
- Employees shall follow the procedures of each AHA.

Procedure

Each AHA shall be developed with the input of involved workers. Each AHA shall include principal job steps, potential hazards, recommended controls, equipment to be used, inspection needs, training requirements.

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Safety Training Background

Schultheis Electric is a union electrical construction company who employs only individuals who have completed the I.B.E.W., Local #5 Joint Apprenticeship program. At completion of the program, every electrician has completed OSHA30, including Confined Space, CPR/First Aid, Scaffold certification, ICRA-8 certification, and NFPA-70E Electrical Safety.

Schultheis Electric is an active member of the apprentice training committee.

Our company invests in the safety of our staff by providing refresher training/recertification opportunities that adhere to federal guidelines. Tri-annual Aerial Lift and Fork Lift recertification courses typically require 4 hours of classroom time per lift and are taught by a professional instructor from Industrial Training Services. Annual CPR/First Aid classes following the American Heart Association curriculum are taught by trained staff of the Mutual Aid Ambulance Service, Inc. These classes require approximately 2 hours per topic. Our electricians also attend updated training for NFPA-70E Electrical Safety in the Workplace as they become available.

Electricians complete weekly toolbox safety talks, covering topics provided by the Labor Management Cooperation Committee. An index of the most recent topics is attached.

Substance Abuse Screening is required by an agreement between TSB Inc. and the I.B.E.W., Local #5, requiring each union electrician to maintain their 11-Panel Drug Free Card through annual renewal testing. This requirement is expected of all union electricians, regardless of employer. The specific testing guidelines are included in the attachment from the Western Pennsylvania Electrical Labor Management Cooperation Committee. We also participate in random drug and alcohol screenings of our CDL license holders (DOT-FMCSA) and employees working on Safety-Sensitive projects (DOT-FTA). Employees must complete Drug and Alcohol Awareness training prior to obtaining a CDL or performing critical work on a Safety-Sensitive project. Additionally, we have numerous clients who also require pre-jobsite access testing and/or annual and random screening. We maintain a Zero Tolerance Controlled Substances Use and Alcohol Misuse Policy. If at any point an employee tests positive, the result is immediate termination.

The described training and substance abuse testing are core values of TSB Inc. and will continue to be normal, everyday practices throughout the duration of the Project.

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SAFETY MEETING TOPICS INDEX

SAFETY MEETING TOPIC NUMBER	FOR WEEK OF	SUBJECT
SMT.1	5/27/19	WHY DO WE HAVE SAFETY MEETINGS?
SMT.2	6/03/19	WHAT IS OSHA?
SMT.3	6/10/19	HARD HATS
SMT.4	6/17/19	BE PREPARED FOR EMERGENCIES
SMT.5	6/24/19	EMERGENCY ACTION PLANS FOR EMPLOYEES
SMT.6	7/01/19	CARBON MONOXIDE
SMT.7	7/08/19	GROUND FAULT CIRCUIT INTERRUPTERS
SMT.8	7/15/19	ASSURED GROUNDING
SMT.9	7/22/19	GFCI TESTING
SMT.10	7/29/19	EXTENSION CORD SAFETY
SMT.11	8/05/19	ELECTRICAL TESTING EQUIPMENT
SMT.12	8/12/19	LYME DISEASE
SMT.13	8/19/19	MANAGING AND REDUCING STRESS
SMT.14	8/26/19	DRUGS AND ALCOHOL
SMT.15	9/02/19	WHO IS RESPONSIBLE FOR YOUR SAFETY
SMT.16	9/09/19	GOOD HOUSEKEEPING
SMT.17	9/16/19	FIRES IN THE HOME
SMT.18	9/23/19	SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
SMT.19	9/30/19	ARC FLASH HAZARDS
SMT.20	10/07/19	FIRE RESISTANT CLOTHING
SMT.21	10/14/19	ELECTRIC SHOCK / ELECTROCUTION
SMT.22	10/21/19	RUBBER GLOVES, MATS, AND BLANKETS
SMT.23	10/28/19	FROSTBITE AND HYPOTHERMIA
SMT.24	11/04/19	DRESS SAFELY FOR COMFORT
SMT.25	11/11/19	WHO IS RESPONSIBLE
SMT.26	11/18/19	HOUSEHOLD CHRISTMAS SAFETY
SMT.27	11/25/19	ILLUMINATION (TEMPORARY LIGHT)
SMT.28	12/02/19	RESPIRATORY PROTECTION
SMT.29	12/09/19	EXPOSURE TO ASBESTOS
SMT.30	12/16/19	EXPOSURE TO LEAD
SMT.31	12/23/19	SILICOSIS IN CONSTRUCTION
SMT.32	12/30/19	CONFINED SPACE
SMT.33	1/06/20	COMPRESSED GAS CYLINDERS (1)
SMT.34	1/13/20	COMPRESSED GAS CYLINDERS (2)
SMT.35	1/20/20	EXCAVATION AND TRENCHING
SMT.36	1/27/20	APPRECIATE THE HAZARDS OF OXYACETYLENE
SMT.37	2/03/20	FIRES AND FIRE PREVENTION
SMT.38	2/10/20	CLASSIFICATION OF FIRES AND THEIR APPROPRIATE EXTINGUISHER
SMT.39	2/17/20	WEST NILE VIRUS
SMT.40	2/24/20	ARC WELDING
SMT.41	3/02/20	GAS WELDING AND CUTTING
SMT.42	3/09/20	FLAMMABLE AND COMBUSTIBLE LIQUID SAFETY
SMT.43	3/16/20	FLOODWATER CLEANUP
SMT.44	3/23/20	MOLD

SAFETY MEETING TOPICS INDEX

SAFETY MEETING TOPIC NUMBER	FOR WEEK OF	SUBJECT
SMT.45	3/30/20	ERGONOMICS
SMT.46	4/06/20	HEAT EXHAUSTION
SMT.47	4/13/20	SUNSTROKE: HEAT STROKE
SMT.48	4/20/20	SKIN IRRITATIONS (DERMATITIS)
SMT.49	4/27/20	RADIO FREQUENCY (RF) MICROWAVE (MV) RADIATION
SMT.50	5/04/20	NEAR MISS ACCIDENTS
SMT.51	5/11/20	BATTERIES, BATTERY ROOMS, AND CHARGERS
SMT.52	5/18/20	HANDS
SMT.53	5/25/20	LOCKOUT-TAGOUT (ELECTRICAL CIRCUITS)
SMT.54	6/01/20	HAZARDOUS ENERGY- LOCKOUT AND TAGOUT
SMT.55	6/08/20	GOOD HYGIENE ON THE JOB
SMT.56	6/15/20	MANAGEMENT AND SAFETY
SMT.57	6/22/20	ACCIDENT INVESTIGATION
SMT.58	6/29/20	POWER TOOLS
SMT.59	7/06/20	ELECTRIC POWERED TOOLS INSPECTION
SMT.60	7/13/20	UNPOWERED HAND TOOLS
SMT.61	7/20/20	CONSTRUCTION'S MOST VIOLATED OSHA STANDARDS
SMT.62	7/27/20	WHAT IS IN OUR TOOL BOX
SMT.63	8/03/20	PORTABLE LIGHT STRINGS- ELECTRICAL SAFETY
SMT.64	8/10/20	AIR COMPRESSORS AND HYDRAULIC TOOLS
SMT.65	8/17/20	MATERIAL / EQUIPMENT HOISTING, STORAGE
SMT.66	8/24/20	UNSAFE ACTIONS: UNSAFE CONDITIONS
SMT.67	8/31/20	PORTABLE LADDERS
SMT.68	9/07/20	SCAFFOLDING
SMT.69	9/14/20	STAIRWAYS
SMT.70	9/21/20	SAFETY HARNESES
SMT.71	9/28/20	CARE AND USE OF SAFETY HARNESES
SMT.72	10/05/20	FALLS
SMT.73	10/12/20	LIFTING
SMT.74	10/19/20	BACKACHE
SMT.75	10/26/20	SLIPS, TRIPS, AND FALLS
SMT.76	11/02/20	TEAMWORK
SMT.77	11/09/20	DEMOLITION AND REHAB WORK
SMT.78	11/16/20	SAFETY CONDITIONING
SMT.79	11/23/20	SAFE PRACTICE ON THE JOB
SMT.80	11/30/20	FLOOR AND WALL OPENINGS
SMT.81	12/07/20	EYES AND EYE PROTECTION
SMT.82	12/14/20	FIRST AID FOR EYE ACCIDENTS
SMT.83	12/21/20	CHEMICAL HAZARD COMMUNICATION
SMT.84	12/28/20	MATERIAL SAFETY DATA SHEETS (MSDS)
SMT.85	1/04/21	TOXIC MATERIALS (SUBSTANCES)
SMT.86	1/11/21	EMERGENCIES AND FIRST AID TREATMENT
SMT.87	1/18/21	WORKING ON STREETS AND HIGHWAYS

SAFETY MEETING TOPICS INDEX

SAFETY MEETING TOPIC NUMBER	FOR WEEK OF	SUBJECT
SMT.88	1/25/21	SIGNS, SIGNALS, AND BARRICADES
SMT.89	2/01/21	VEHICLE MOUNTED AERIAL LIFTS
SMT.90	2/08/21	VEHICLE OPERATIONS AND INSPECTION
SMT.91	2/15/21	LASERS
SMT.92	2/22/21	COVER PLATES ON SWITCHES AND RECEPTACLES
SMT.93	3/01/21	HOW LOUD IS LOUD
SMT.94	3/08/21	SEVEN COMMON ACCIDENT CAUSES
SMT.95	3/15/21	HAZARD AWARENESS
SMT.96	3/22/21	COMMON SENSE AND ACCIDENT PREVENTION
SMT.97	3/29/21	LOOK AND LIVE
SMT.98	4/05/21	SAFETY AND SAVING TIME
SMT.99	4/12/21	WHY TAKE A CHANCE
SMT.100	4/19/21	FUELING VEHICLES
SMT.101	4/26/21	HEART ATTACKS
SMT.102	5/03/21	HOT WORK CUTTING AND PATCHING
SMT.103	5/10/21	WOUND PREVENTION AND CARE

Education & Inform Safety
Committee

Labor & Management Cooperation Committee

NCCO

Local Union #5 IBEW
Pittsburgh Division
Western P.A. Chapter
NECA

P.O. Box 798
Latrobe PA, 15650-0798



Phone: (724) 537-5157
Fax: (724) 537-9388

T-2D – Quality Control Plan

The mission of the TSB, Inc. d/b/a Schultheis Electric is to provide quality work and superior customer services in all aspects of our business.

We will accomplish this mission by:

- Developing and empowering employees
- Exceeding expectations on safety, environmental excellence, quality, budget, and schedule
- Providing consistently superior customer service
- Optimizing and integrating new technology
- Stressing continuous improvement

Schultheis Electric requires the project manager to maintain the following project logs for proper document control and also assist with the QA/QC programs: drawing log, RFI Log, Submittal Log, Change Order List, and a detailed Job Contact List. These are available for all employees to view and have access to from our backed up and cloud-based servers. This allows other team members to step in and assist or fill in, in the event someone is ill or is away from work. We believe this process has saved jobs from going off track and has allowed us to respond accurately and quickly when information is needed.

The Schultheis Team will converse with the other prime contractors and decide on what project management software platform will be utilized for document control. All management and field leaders from Schultheis Electric have either a laptop and/or tablet to access digital copies of the latest information. Programs that have been used in the past that could be used on this project include Procore, Plangrid, and Bluebeam.

Schultheis Electric maintains superior quality control by a three-step process.

- Maintain a steady workforce.
- Invest in continuing education for all employees.
- Maintain outstanding communications with the project team.

Best in class communication is maintained by using iPads/Tablets for all field leaders and utilizing either Procore, PlanGrid or software as determined by the Construction Manager.

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At Schultheis Electric we don't cycle through tradesman "off the book". We keep and maintain a core group of trades people that we utilize on all projects. These electricians have all worked together on multiple projects and have a solid understanding of the requirements and standards Schultheis Electric adheres to.

The quality of the job starts from the very beginning. The day the plans and specifications are received, our process starts. We have a bidding procedures program and a scope review checklist. This is a detailed breakdown of all items on the project. It gives the foreman, project executive and electricians the reader's digest version of the specification. This document lives with the project from start to finish.

Once a project is awarded, there is an estimating turnover meeting to make sure the knowledge and details gained from the first phase of the project isn't lost. Nothing is more annoying at the first project meeting than one of the contractors acting like the requirements being reviewed are brand new news to them. That won't happen between our estimating department and construction team.

Additionally, you need to have the technical abilities in an estimating department that consistently deliver accurate and traceable take offs. At Schultheis Electric, we realize we may not always be the least expensive, but we do believe we offer the best value. Schultheis Electric does not "buy" jobs or bank on change orders. We have seen where this creates adversarial relationships between key members of a project team. We don't want to be part of that situation. Our roots run deep in service and that is still very evident in our culture today, even as we have grown over the last decade. The employees at Schultheis Electric are constantly trying to offer the best customer experience that can be found in the electrical industry.

We also have a project exit strategy meeting when the project is approximately 75% complete. This makes sure we have all of the close out document and punchlist items identified and hopefully completed prior to the owner or design professional even having a chance to identify it.

Lastly, when the project is complete, we have a lessons learned meeting. This allows us to share the victories and lessons learned with all team members. This is just another way that Schultheis Electric is continually trying to improve.

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T-3A – Staffing Resources

TSB Inc dba Schultheis Electric is a growing leader in electrical construction in Central and Western Pennsylvania. Schultheis Electric is a signatory contractor with the International Brotherhood of Electrical Workers, International Union of Operating Engineers, Bricklayers and Allied Craftworkers, Cement Masons, Laborers District Council of Western PA, and the United Brotherhood of Carpenters and Joiners of America. All work that we do is focused around electrical construction and these ancillary trades allow us to self-perform all work in our contract. The majority of our full time, regular employees are electricians, technicians and lineman but we also keep a small staff of operators, laborers and carpenters on hand for site and utility work associated with our electrical contracts. If required, we are able to pull from the local union halls prequalified individuals that have worked for us in the past.

These agreements allow Schultheis Electric to supply qualified, trained, drug-free craftspeople on all of our jobs and perform our complete electrical scope of work, including ancillary portions, effectively. Schultheis Electric utilizes the same electricians in the field as in our fabrication shop. We typically try to utilize the same electricians that will be installing the equipment in the field in our fabrication phase to minimize rework and retraining.

Approximately 3 electricians and 1 foreman/subforeman will be needed to complete this project.

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T-3B – Skill Training

TSB Inc is a union electrician employing only individuals who have completed the I.B.E.W., Local #5 Joint Apprenticeship program. The program requires completing 10,000 hours of on-the-job training and 2,000 hours of classroom training. All apprentices receive OSHA30 (covering Confined Space training, CPR/First Aid training, Scaffold certification, ICRA-8 certification, and NFPA-70E Electrical Safety training). While enrolled in the Apprenticeship program, weekly evaluations are submitted by the job foreman/foremen, documenting the performance of the apprentice. The Joint Apprenticeship program is registered with the Department of Labor and the Pennsylvania State Apprenticeship Council. See the attached letter from Paul Reinert, Training Director of I.B.E.W., Local #5 Joint Apprenticeship program.

OSHA30 is required of all foremen working for TSB Inc. Our company invests in the safety of our staff by providing refresher training/recertification opportunities. Aerial Lift and Fork Lift recertification and annual CPR/First Aid classes are taught by trained staff and offered on a regular basis. Our electricians also attend updated training for NFPA-70E Electrical Safety in the workplace as they become available.

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JOINT APPRENTICESHIP COMMITTEE
LOCAL UNION No. 5, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
and
PITTSBURGH DIVISION OF WESTERN PENNSYLVANIA CHAPTER, NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION
5 HOT METAL STREET - SUITE 100
PITTSBURGH, PENNSYLVANIA 15203-2356



412/432-1145
FAX 412/431-4614

When calling from area
code 412, 724 & 814, you
may use toll-free number
877-708-JATC (5282)

January 8, 2020

Schultheis Electric
P.O. Box 798
Latrobe, PA 15650
Attn: Randi Smail

The I.B.E.W., Local #5 Joint Apprenticeship program is registered with the Department of Labor and the Pennsylvania State Apprenticeship Council. It is a five-year program that includes 10,000 hours of on-the-job training and 2,000 hours classroom related training. Our apprentices all receive OSHA 30, that includes Confined Space training, CPR First Aid, Scaffold certification, ICRA certification and 70E Safety related electrical work practices. We record work progress and evaluations on the job and in the classroom. We follow a national curriculum of training that is provided for us by the National Joint Apprenticeship program.

Any questions, please feel free to call our office.

Sincerely,

A handwritten signature in cursive script that reads "Paul Reinert".

Paul L. Reinert
Training Director

PLR/lm

P.O. Box 798
Latrobe PA, 15650-0798



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T-3C – Workforce Safety

TSB Inc dba Schultheis Electric is a growing leader in electrical construction in Central and Western Pennsylvania. Schultheis Electric has an unparalleled track record in safety and quality and we believe the two form the foundation of all other things we do. TSB Inc. has a current Experience Modification Rate (EMR) Rating of 0.716. In the last 5 years, TSB Inc. has had only three lost time injuries, two of which were the result of a slip and fall and a separate tripping incident.

TSB Inc. is a union electrical construction company who employs only individuals who have completed the I.B.E.W., Local #5 Joint Apprenticeship program. At completion of the program, every electrician has completed OSHA30 (including Confined Space, CPR/First Aid, Scaffold certification, ICRA-8 certification, and NFPA-70E Electrical Safety).

Our company invests in the safety of our staff by providing refresher training/recertification opportunities that adhere to federal guidelines. Tri-annual Aerial Lift and Forklift recertification courses typically require 4 hours of classroom time per lift and are taught by a professional instructor from Industrial Training Services. Annual CPR/First Aid classes following the American Heart Association curriculum are taught by trained staff of the Mutual Aid Ambulance Service, Inc. These classes require approximately 2 hours per topic. Our electricians also attend updated training for NFPA-70E Electrical Safety in the workplace as they become available. Our firm also provides annual training on various safety and industry topics during our "Safety Day" held in the fall. In 2023, our Safety Day class options included: Ladder Safety & Fall Protection, Driver Safety, Mental Wellness & Wellbeing, Excavation Safety, Lockout-Tagout, and Silica Awareness to name a few.

Electricians complete weekly toolbox safety talks, covering topics provided by the Labor Management Cooperation Committee.

Substance Abuse Screening is required by an agreement between TSB Inc. and the I.B.E.W., Local #5, requiring each union electrician to maintain their 11-Panel Drug Free Card through annual renewal testing. This requirement is expected of all union electricians, regardless of employer. The specific testing guidelines are included in the attachment from the Western Pennsylvania Electrical Labor Management Cooperation Committee. We also participate in random drug and alcohol screenings of our CDL license holders (DOT-FMCSA) and employees working on Safety-Sensitive projects (DOT-FTA). Employees must complete Drug and Alcohol Awareness training prior to obtaining a CDL or performing critical work on a Safety-Sensitive project. Additionally, we have numerous clients who also require pre-jobsite access testing and/or annual and random screening. We maintain a Zero Tolerance Controlled Substances Use and Alcohol Misuse Policy. If at any point an employee tests positive, the result is immediate termination.

The described training and substance abuse testing are core values of TSB Inc. and will continue to be normal, everyday practices throughout the duration of the Project.

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Western Pennsylvania Electrical Labor Management Cooperation Committee Fund

5 Hot Metal Street • Suite 301
Pittsburgh, PA 15203-2357



RE: April 1, 2013, Substance Abuse Policy Changes

Good Morning:

The **Western Pennsylvania Electrical Labor Management Cooperation Committee** is contacting you in regards to the implementation of the new **"Western PA Electrical Labor-Management Cooperative Voluntary Substance Abuse Testing Program"** and to announce upcoming changes to the policy effective **April 1, 2013**. The program has grown over the years and has gained recognition by owners and employers. To continue this approval and help ensure a responsible workforce and safe work sites, the parties have agreed to strengthen the drug testing program to include the following drug panels:

- All drugs currently in the Department of Transportation's federal test panel
- Prescription pain medications

Drug Class	Initial Screening Cut-Off Limit	Confirmation Cut-Off Limit
Amphetamines*	500 ng/ml	250 ng/ml
MDMA (Ecstasy)	500 ng/ml	250 ng/ml
Barbiturates*	300 ng/ml	300 ng/ml
Cocaine metabolite	150ng/ml	100 ng/ml
Marijuana (THC)	50 ng/ml	15 ng/ml
Opiates*	300/ ng/ml	300 ng/ml
6-Acetylmorphine (6-AM)	10 ng	10 ng
Phencyclidine	25 ng/ml	25 ng/ml
Benzodiazepines*	300 ng/ml	300 ng/ml
Methadone*	300 ng/ml	300 ng/ml
Propoxyphene*	300 ng/ml	300 ng/ml
Oxycodone*	100 ng/ml	100 ng/ml

The decision to add various prescription medications, when taken illegally or in excess of medically prescribed limits, was made as a recommendation of the Builders Guild of Western Pennsylvania's Substance Abuse Testing Task Force based on a number of factors including: worker safety, an understanding of the potential abuse of certain pain-killing prescription drugs, and input from responsible industrial owners and companies which share in the concerns for worker safety.

We suggest you place the new panel (shown above) into your existing drug policy and mark the title page with the revision date of **"Revised April 1, 2013."**

If you have specific questions or need further information, please don't hesitate to contact Mobile Medical Corporation, our Third Party Administrator, at 1-888-662-8358.

Thank you for your continued support in keeping the workplace safe!

POLICY

WESTERN PENNSYLVANIA ELECTRICAL LABOR MANAGEMENT COOPERATIVE VOLUNTARY SUBSTANCE ABUSE TESTING PROGRAM



Prepared by Mobile Medical Corporation
Revised 4-1-2013

WESTERN PENNSYLVANIA
ELECTRICAL WORKERS
LABOR MANAGEMENT COOPERATION COMMITTEE
VOLUNTARY SUBSTANCE ABUSE TESTING PROGRAM

POLICY AND PROCEDURE

The SIGNATORY PARTIES OF THIS PROGRAM recognize that the use of illegal drugs, unauthorized drugs, and alcohol abuse are serious problems which may endanger our participants and others in the workplace. The parties also recognize that in order to eradicate the problem, efforts must include focus on treatment and restoring participants with substance abuse problems to productive lives.

As a commitment to safeguarding the health of workers, providing a safe workplace, and supplying the customer with the highest quality of service possible, the Western Pennsylvania Electrical Labor Management Cooperation Committee (WPELMCC) has established a substance abuse testing program to prevent the use and or presence of drugs and alcohol in the workplace. This program includes education and assistance to participants and their families, and encourages participants suffering from substance abuse to receive treatment.

In implementing the program, the parties agree that effective January 1, 1996, an active "Drug Free Certification Card" from the WPELMCC program will be required by a participant in order to perform work on projects requiring substance abuse testing.

PROGRAM STRUCTURE

The program creates a pool of eligible drug-free workers in order to eliminate repetitive testing and provide a safe work environment for all parties. The program recognizes an employee test performed within the last 12 months as a valid pre-employment test.

Each signatory employer shall have the right to request drug-free applicants for employment from the drug-free applicant pool for each specific designated "Drug-Free" job or the employer may choose to hire only drug-free applicants for all employees.

The local parties agree that government mandated or customer required and implemented substance abuse policies are beyond the scope of this policy and this policy is not intended to affect government mandated or customer required and implemented substance abuse policies.

Online Verification System
www.mobmed.com

WPELMCC has provided a service that will enable IBEW Local Union 5 and our Signatory Employers to verify that an employee has a valid program test at any time, 24 hours a day, 7 days a week via the internet. This service is an online verification system that is accessible through the Third Party Administrator's (TPA) website at www.mobmed.com.

The verification system is firewall and pass code protected. Only a worker's eligibility is available through the system. All confidential participant information is contained within the database managed by the TPA and cannot be accessed by IBEW Local Unions or Signatory Employers for any purpose.

In the instance that the IBEW or a Signatory Employer is unable to access the verification system via Mobile Medical Corporation's website, eligibility information may be requested directly from Mobile Medical Corporation, the Third Party Administrator, @888-662-8358.

Testing Requirements

The substance abuse program will be conducted within the established guidelines developed by the Department of Health and Human Services Scientific and Technical Guidelines dated April 11, 1988 and any subsequent amendments thereto. The laboratory shall be licensed or certified, by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the College of American Pathologists and shall participate in the proficiency testing programs required by each of those respective organizations.

The signatory parties shall select a certified laboratory which meets the specified requirements and designate an independent third party to coordinate and administer the program. Each signatory party shall designate a responsible representative from their organization to be notified of participants test results.

The initial screening shall be by immunoassay and require Gas Chromatography/Mass Spectrometry for confirmation. The panel shall include the following 11 categories of drugs with expanded opiates and amphetamines and cutoff limits:

Drug Name	Initial Screening Cut-Off Limit	Confirmation Cut-Off Limit
AMPHETAMINES • AMPHETAMINE • METHAMPHETAMINE • MDMA • MDA • MDEA	500 NG/ML	250 NG/ML 250 NG/ML 250 NG/ML 250 NG/ML 250 NG/ML
BENZODIAZEPINES	300 NG/ML	300 NG/ML
BARBITURATES	300 NG/ML	300 NG/ML
COCAINE METABOLITE	150 NG/ML	100 NG/ML
OPIATES • CODEINE • MORPHINE • HYDROCODONE • HYDROMORPHONE	300 NG/ML	300 NG/ML 300 NG/ML 300 NG/ML 300 NG/ML
6-MAM	10 NG/ML	10 NG/ML
OXYCODONE	100 NG/ML	100 NG/ML
PHENCYCLIDINE	25 NG/ML	25 NG/ML
MARIJUANA METABOLITE	50 NG/ML	15 NG/ML
METHADONE	300 NG/ML	300 NG/ML
PROPOXYPHENE	300 NG/ML	300 NG/ML

Alcohol**

0.04% BAC

0.04% BAC

Note: Medicines prescribed or purchased in a foreign country may cause a positive drug test

*Cut off limits are established by the United States Department of Health and Human Services in their mandatory guidelines for Federal Workplace Drug Testing Programs.

** Alcohol may be tested for in post-accident and reasonable suspicion situations and shall be performed according to established federal guidelines.

The test panel is subject to change as federal guidelines, conditions or owner requirements warrant. These conditions or requirements must be submitted to WPELMCC parties prior to implementation.

Voluntary DRUG/ALCOHOL Testing

The parties to this policy and program agree that under certain circumstances, the employer will find it necessary to conduct drug and alcohol testing. Program testing will be administered by a TPA determined by the WPELMCC. Records of tests shall be maintained by the Independent Third Party Administrator. For all participants covered by the appropriate collective bargaining agreement, all costs for collection, analysis, reporting, maintenance of records, and notifications shall be borne by the WPELMCC. Securing the drug screen shall be the participant's responsibility and shall be performed on his/her time. The primary testing methodology for the WPELMCC program is urinalysis, alternative collection methods can be utilized by physician order on a case by case basis. The frequency of program testing may be increased or decreased based on requirements legitimately mandated by owners.

Program Test Types

Testing may be initiated under the following circumstances. A refusal to test is considered a positive test and the individual will be subject to disciplinary procedures. Each participant will be required to sign consent and a chain of custody form, assuring proper documentation and accuracy.

Annual Testing

Participants shall submit to a substance abuse test at least one time per year. A dated "Drug Free Certification Card" will be issued to a participant testing negative and is valid one year from test date. It is the responsibility of the participant, when notified, to have a test collected prior to the expiration date. A participant who does not submit to testing will be ineligible for work on projects requiring substance abuse testing.

Random Testing

The Third Party Administrator (TPA) will randomly select and test a minimum of 25% of the participants annually. A computer software program will randomly select members using a number generator or other neutral selection process. Selected participants are notified through the mail and have a deadline date for testing. It is the responsibility of the participant to complete the random test requirement. Random testing is done off the job and participants are reimbursed a negotiated amount for their time. A participant may be selected more than once or not at all during the year. A participant who fails to test by the deadline would be considered a policy violation and would need to refer to the section on "Disciplinary Procedures."

For Cause/Reasonable Suspicion Testing

A test may be administered in the event a trained supervisor has reasonable cause to believe that an employee has reported to work under the influence, or is or has been under the influence while on the job; or has violated this drug policy. During the process of establishing reasonable cause for testing, the employee has the right to request his onsite union representative to be present. If on-site representation is not available, all efforts will be made to contact representation from the employee's union. For cause testing is at the expense of the employer.

For Cause/Reasonable Suspicion Testing Procedures:

Step 1: Preparation

1. Where appropriate remove employee away from safety-sensitive activity
2. Complete documentation (for Reasonable Suspicion use Check List) and submit copy to TPA (MMC)
3. Determine which test(s) to order (drug and/or alcohol)
4. Gather necessary paperwork and supplies to give the employee
5. Call TPA to send authorization forms to the collection site
6. Arrange for transportation

Step 2: Communicate with the appropriate persons present –

Union Representative, Human Resources, Designated Representatives, etc.

Step 3: Inform the Employee

1. Give necessary forms and supplies to employee and be sure you are taking the employee to a WPALMCC TPA collection facility
2. Inform employee that he/she must show photo ID

Step 4: Transportation:

To and from collection facility then arrange for their transportation home

Step 5: Follow up

1. Ensure that the test was completed
2. Monitor the confidential transmission of the test results
3. Document any problems and proceed according to policy guidelines.

Note: The WPELMCC Program requires a checklist report is completed and submitted within 24 hours to the TPA for any Reasonable Cause test. The form is available from the TPA 888-662-8358. Employers are responsible to request and pay for reasonable suspicion and post-accident/incident testing.

Post-Accident / Incident Test

A participant may be asked to submit to drug and/or alcohol test if under any of the following circumstances:

- a. Involvement in or cause of, an incident, accident, or near miss, which causes or could have caused injury to the participant or another individual.
- b. Involvement in or cause of, an incident, accident, or near miss, which causes or could have caused damage or destruction to contractor and/or Owner property.
- c. Upon Customer/Owner request.

Medical injuries should be addressed prior to drug/alcohol testing however; Post Accident testing has time constraints and should be performed as soon as possible. PA testing shall be the responsibility of the contractor. *See Definitions for a detailed description of "accident."*

Return-to-Duty Test

The return to duty test is required for a participant to reinstate into the program after a confirmed positive test and completion of a prescribed treatment program. The employee is responsible for the cost of the Return-to-Duty test.

Accelerated Random Test

Testing may be required as part of a follow-up to counseling or rehabilitation for substance abuse. Employees returning to work after successfully completing a rehabilitation program will be subject to additional drug/alcohol tests without prior notice as prescribed by the Substance Abuse Professional. The participant will be subject to a minimum of four (4) additional random tests as prescribed by the Member Assistance Program (MAP)/Employee Assistance Program (EAP) for a period of one year as a condition of further employment.

Specimens: Adulterated, Substituted, Dilute and Miscellaneous

- If a specimen is reported as “**Adulterated or Substituted,**” by a SAMHSA certified laboratory, it shall be treated as a positive test.
- If a specimen is reported as a “**dilute specimen,**” by a SAMHSA certified laboratory, with a valid, negative laboratory result shall be treated as a negative program test. A dilute specimen with a MRO confirmed positive laboratory result, shall be treated as a positive program test. Recollection of a dilute specimen shall be deemed necessary only when the creatinine concentration of the original specimen is equal to or greater than 2mg/dl but less than or equal to 5mg/dl.
- Misc: If a sample is unable to be analyzed by the laboratory due to **quantity not sufficient** (QNS) participants will have the option of having one additional test within 72 hours. A second sample unable to be analyzed by the laboratory may require a secondary test method; this will be at the employee’s expense unless a valid medical reason for the inadequate sample is provided.
- **Alternative Test Method-** if a participant has a medical reason he/she cannot provide a urine specimen an alternative test method utilizing oral saliva/or hair analysis can be provided. A letter from the participant’s physician must be provided prior to an alternate method being approved.

Testing Procedures

- 1) All samples for testing will be taken by appropriately qualified personnel. Urine specimens taken will be split into two samples. Each sample will be appropriately marked with the employee’s identification.
- 2) To the greatest extent possible, the privacy of the employee will be preserved while the sample(s) to be tested are taken. However, some precautions will help to ensure that pure specimens are obtained.
- 3) The initial screening will be by immunoassay and require gas chromatography/mass spectrometry (GC/MS) for confirmation.

Medical Review Officer (MRO)

The Medical Review Officer (MRO) is a licensed physician who has knowledge of substance abuse disorders. The MRO must be certified by either the American Association of Medical Review Officers (AAMRO) or the American College of Occupational and Environmental Medicine (ACOEM). The MRO shall:

- a. Review and verify a laboratory positive test result.
 - b. Contact the individual within 24 hours, of result reporting positive, to discuss the reasons why their test result might be positive. Please note that under the American with Disabilities Act (ADA) prescription information is not accepted at the collection and is only discussed in a confidential setting between the donor and the MRO.
 - c. The MRO will review the individual's medical record as provided by or at the arrangement of the tested individual as appropriate.
 - d. Confirm the laboratory result.
 - e. Notify the Third Party Administrator (TPA) of all confirmed negative and positive tests results. All records of tests reviewed by the MRO and supporting documentation will be forwarded to and maintained by the TPA.
- 4) In the case of urine testing, only those specimens which show positive results on both the initial screening and the confirmatory test shall be reported as positive, pending MRO review and verification.
 - 5) All samples reported as positive will be stored (frozen) for 365 days at the SAMHSA certified laboratory. All handling and transportation of each specimen will be properly documented through strict chain of custody procedures.

Request for Re-analysis

In the case of a confirmed "positive" test result, the participant, at his/her own expense and paid for in advance, shall have the right to have the original Split Specimen "B" sample independently reanalyzed by a SAMHSA certified laboratory of their choice within 72 hours. The laboratory must meet the qualifications as stated in the policy. **If a donor did not provide specimen quantities required for a split specimen (45-60ml) the donor will waive their right to have the "B" sample reanalyzed but may use the original "A" sample.*

If the independent reanalysis is "negative", the participant will be reimbursed for the cost of the independent test and shipping.

If the independent reanalysis is "positive", the participant will be notified by the MRO, and will be required to comply with the rehabilitation requirements. All expenses related to the reanalysis of the original sample and any lost wages will be forfeited.

The participant shall have the right to secure a copy of all data relating to the test procedures and results, providing the costs are paid in advance to the initial testing laboratory by the participant.

Disciplinary Procedures

- 1) **Rules.** All employees must report to work in a physical condition that will enable them to perform their jobs in a safe and efficient manner. Employees shall not:

- a) Use, possess, dispense or receive prohibited substances on or at the job site; or
- b) Report to work while under the influence of an intoxicant or a prohibited substance.
- c) Employees found in possession of drugs Synthetic/Designer, Unauthorized Drugs on the work site may be subject to corrective action

2) **Rehabilitation Requirements**

A participant who has a confirmed positive test result or who does not comply with the program requirements will not be eligible to participate in the program until they complete one of two options:

Option 1: The individual will be ineligible for a minimum of 30 days. To be eligible to return to work, the participant must be evaluated by a substance abuse professional, provide written proof of successfully completing a medically recognized rehabilitation program and submit a negative return to duty drug screen. The participant will then be subject to a minimum of four (4) accelerated random tests for a period of one year as a condition of further employment. Frequency of the accelerated random testing is to be determined by the SAP.

Option 2 – The participant can wait a period of one year (remaining ineligible in the program) from the date of the confirmed positive test and take the return to duty test. If the RTD is negative the member will go into an accelerated random testing program for a period of one year as a condition of further employment.

Any participant testing positive three times will be permanently excluded/ineligible from the WPELMCC Program.

** In the event that treatment exceeds the suspension period a donor may (on a case by case basis) be approved by their SAP to return to work while continuing specified treatment and continuing to submit negative drug screens.*

Rehabilitation and Employee Assistance Program

Employees are encouraged to seek help for a drug or alcohol problem before it requires corrective action. If an employee voluntarily notifies supervision that he or she may have a substance abuse problem, the company and/or union will assist in locating a suitable employee assistance program for treatment, and will counsel the employee regarding medical benefits available under the company or union health insurance program.

If treatment necessitates time away from work, the company shall provide the employee an unpaid leave of absence for purposes of participation in an agreed upon treatment program. An employee who successfully completes a rehabilitation program shall be reinstated to his/her former employment status, if work for which he/she is qualified is available.

Confidentiality

All records and information on employees with confirmed positive test results shall be confidential and released only to Designated Representatives of the program.

Revisions or Amendments

The WPELMCC Drug and Alcohol policy and procedures is a living document and will be periodically reviewed to assure that it is up to date with new regulations and current practices.

GLOSSARY OF TERMS

- a) **Accident** – For the purpose of this policy, an accident is considered to be an unplanned or unintended event that occurs on company property, during the conduct of company's business, or during scheduled work hours, or which involves company supplied motor vehicles that are used in conducting business, or is within the scope of employment, and which results in any of the seven (7) situations:
 - 1) A fatality of anyone involved in the accident;
 - 2) Bodily injury to the employee and/or another person that requires off-site medical attention away from the company's designated place of employment/worksite;
 - 3) Any accident in which the driver is cited and there is disabling damage to the vehicle(s) requiring tow-away;
 - 4) Any accident in which the driver is cited and off-site medical attention is required;
 - 5) Vehicular damage in apparent excess of \$1000.00;
 - 6) Non-vehicular damage to any company property (i.e. – tools, materials, etc.) in apparent excess of \$750.00;
 - 7) Any event resulting in injury to a person or property to which an employee, or contractor/contractor's employees, contributed as a direct or indirect cause.

- b) **Adulterated Specimen** – A urine screening, which has been substituted or tampered with to cover the true results.

- c) **Collection Facility/Site** – Approved location where participants can provide a specimen for testing.

- d) **Company Premises** – The term "Company Premises" as used in this policy includes all property, facilities, land, building, structures, automobiles, trucks and other vehicles owned, leased or used by the company. Construction job sites for which the company has responsibility are included.

- e) **Computer Generated Random Testing**– Third party administrator will randomly select participants to be tested through a computer generated selection process.

- f) **Western Pennsylvania Electrical Labor Management Cooperative Voluntary Substance Abuse Testing Program (WPELMCC)** – This policy in its entirety.

- g) **Designated Representatives (DR's)** - Are contact persons appointed by companies and unions to work directly with the program's Third Party Administrator (TPA). A company's DR and union's DR are to work together for the successful management of the program. All DR's are to keep privileged substance abuse information confidential.

- h) **Dilute Specimen** - A dilute specimen with a valid, negative laboratory result shall be treated as a negative program test. A dilute specimen with a MRO confirmed positive laboratory result, shall be treated as a positive program test. Recollection of a dilute specimen shall be deemed necessary only when the creatinine concentration of the original specimen is equal to or greater than 2mg/dl but less than or equal to 5mg/dl.

- i) **Eligible** - Database system status referring to an employee who is validated as a participant in the WPELMCC Program.

- j) **Employee** – Individuals, who perform work for (Company Name), including, but not limited to, management, supervision, engineering, craft workers and clerical personnel.

- k) **Employee Assistance Program / Member Assistance Program (EAP/MAP)**

An EAP/MAP is intended to prevent or address substance abuse problems and may assist employees/union members and their eligible family members with interpersonal conflicts, family problems, workplace crises, eldercare stresses, psychological problems and financial management. The EAP/MAP is able to provide voluntary and confidential counseling services.

- l) Gas Chromatography/Mass Spectrometry (GC/MS) – A state-of-the-art test used to confirm the presence and amount of an identified drug/metabolite in a urine specimen.
- m) Incident – An event, which has all the attributes of an accident, except that no harm was caused to person or property.
- n) Ineligible - Database system status referring to an employee who is not validated as a participant in the WPELMCC Program. (An ineligible employee should contact the third party administrator or his or her Designated Representative.)
- o) Medical Review Officer (MRO) – A licensed physician, qualified by either AAMRO or MROCF, who is responsible for receiving laboratory results and determining if there is a medical explanation for the presence of drugs/metabolites in the donor's urine. This physician must have knowledge of substance use disorders and appropriate medical training to interpret an individual's confirmed positive test result, together with his/her medical history and any other relevant medical information.
- p) Negative Drug Test – A test acceptable for employment.
- q) Positive Drug Test – A test, which exceeds the cut-off limits, within the established guidelines or a test that has been tampered with in any way (adulterated/substituted specimen). Medicines prescribed or purchased in a foreign country may cause a positive drug test.
- r) Prohibited Substances – Prohibited substances include illegal drugs (including controlled substances, look-alike drugs and designer drugs) and alcoholic beverages in the possession of or being used by an employee on the job.
- s) Reasonable Suspicion / For Cause – Reasonable suspicion shall be defined as, but not limited to, excessive absenteeism or tardiness, slurred speech, alcohol smell, and erratic behavior such as noticeable imbalance, incoherence and disorientation.
- t) Re-analysis – A challenge of a positive drug test can be requested by the employee who is responsible for payment. A split sample of the original test can be examined by a certified laboratory of the employee's choice. If the re-analysis reverses the result, the program will absorb the cost and the employee will be reimbursed all costs associated with reanalysis. There is no appeal procedure for alcohol collected by a Breath Alcohol test.
- u) Return-to-Duty Test – Testing required to reinstate eligibility in the program after a positive test. The Return-to-Duty Test is taken at the expense of the employee.
- v) Split Specimen – Specimen taken at the collection site will be separated into two samples "A" and "B" vial. Both samples will be appropriately marked with the employee's identification.
- w) Substance Abuse Professional (SAP) – A qualified professional includes: licensed physicians, licensed/certified psychologists, social workers, employee assistance professionals and certified addiction counselors with knowledge of and clinical experience in the diagnosis and treatment of alcohol/drug-related disorders.

- x) Synthetic / Designer Drugs - Synthetic substances that mimic marijuana, cocaine and other illegal drugs that can cause seizures, hallucinations and death. Many states have banned the sale, use or possession of these substances.
- y) Third Party Administrator (TPA) - An independent entity that administers the WPELMCC's collections, analysis, reporting, maintenance of records and all confidential information for each participating group.
- z) Under the Influence of a Prohibited Substance – “Under the influence of a prohibited substance” as used by this policy, means the following:

- 1) Alcohol – Blood or Breath alcohol level of .04 or as determined by the owner.
- 2) Prohibited Substances – Positive results based on the following thresholds for urine split sample testing
NOTE – Medicines purchased in a foreign country may cause a positive drug test.

- a) Marijuana * 50 ng/ml initial screen and 15 ng/ml confirmatory test
- b) Cocaine -* (Metabolite) 150 ng/ml initial screen and 100 ng/ml confirmatory test
- c) Opiates* 300 ng/ml initial screen and 300 ng/ml confirmatory test
6-Acetylmorphine* 10 ng/ml initial screen and 10 ng/ml confirmatory test
- d) Phencyclidine* 25 ng/ml initial screen and 25 ng/ml confirmatory test
- e) Amphetamines* 500 ng/ml initial screen and 250 ng/ml confirmatory test
Ecstasy* 500 ng/ml initial screen and 250 ng/ml confirmatory test
- f) Barbiturates 300 ng/ml initial screen and 300 ng/ml confirmatory test
- g) Benzodiazepines 300 ng/ml initial screen and 300 ng/ml confirmatory test
- h) Methadone 300 ng/ml initial screen and 300 ng/ml confirmatory test
- i) Propoxyphene 300 ng/ml initial screen and 300 ng/ml confirmatory test
- j) Oxycodone 100 ng/ml initial screen and 100 ng/ml confirmatory test
- k) Levels for other prohibited substances shall be according to accepted scientific standards.

WPELMCC Substance Abuse Program Reasonable Suspicion Checklist and Reporting Form

Date of Report: _____ Date/Time Period Covered by Observation: _____

Employee Name: _____ Job Title: _____

Supervisor: _____

Corroborating Witness (if applicable): _____

Physical Symptoms

Provide Explanation Where Appropriate

- Flushed or Pale Face
- Dilated Pupils
- Constricted Pupils
- Glassy Eyes
- Bloodshot or Red Eyes
- Sniffles
- Swaying, Wobbling, Staggering or Falling
- Dizziness
- Excessive Sweating in Cool Areas
- Smell of Liquor
- Strange Chemical odor on Breath
- Burnt Rope Smell on Clothes, Hair or Body
- Drowsiness
- Incoherent, Confused or Slurred Speech
- Apparent Insensitivity to Pain
- Reduced Reaction Time
- Poor Coordination
- Increased or Depressed Breathing Rate

Behavior

- Antagonistic
- Restless
- Overreacts to Minor Things
- Unusually Talkative/Rapid Speech
- Excessive Laughter or Hilarity
- Baseless Panic
- Withdrawn
- Rapid Mood Swings
- Irritable
- Combative
- Depressed

Work Symptoms

- Doesn't Follow Task Instructions
- Shows Disregard for Safety of Self and Others
- Exhibits Excessive Carelessness
- Appears Unable to Concentrate Fully
- Excessive Mistakes

- Unexplained Declines in Productivity
- Dangerous Behavior
- Unable to Order Tasks
- Forgetfulness
- Excessive Focus on Minute Details
- Unexpected and Frequent Absences from Work Area

Long Term Symptoms

- Complaints From Coworkers
- Excessive Work Absences
- Leaves Job Early for Variety of Excuses
- Comes Late for a Variety of Excuses
- Accident Prone
- General Poor and Deteriorating Physical Condition
- Weight Loss

General Comments: _____

Provide Explanation Where Appropriate

ACTION

- Refer to Drug Test** (Call MMC @ 888-662-8358 and fax copy of completed form to 412-835-0829 Attn: IBEW -PC)
- Refer to Employee Assistance Program (EAP)**
- No Further Action At This Time**

Completed By: _____ **Title:** _____

Meeting Notes/ Meeting Date: _____
