

Project No. 10.10.0990  
Project No. 10.10.0992  
Project No. 10.10.0998

### BID PROPOSAL

PROJECT: 800Mhz Generator Projects – Sites Leased Through American Tower – Sandy, Padua, Mtn Pass.

LOCATION: San Bernardino County and Los Angeles County

OWNER: San Bernardino County

BID OPENING: July 7, 2022 at 2:00 p.m.

BIDDER: Re Chaffee Construction Inc.

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San Bernardino County  
Project and Facilities Management Department  
385 North Arrowhead Avenue, Third Floor  
San Bernardino, CA 92415-0184  
[www.res.sbcounty.gov](http://www.res.sbcounty.gov)

In compliance with your invitation for bids, the undersigned has carefully examined the project Bid Documents, including the drawings and specifications, for the scope of work which is as follows. The Padua project requires demolition of an existing generator and all its components (Belly Tank, Automatic Transfer Switch (ATS), Manual Transfer Switch (MTS)), together with the installation of a new emergency backup power generator with a belly tank, new Automatic Transfer Switch, and new Manual Transfer Switch with Cam-Lock, with minor electrical work; project site is located in Claremont, California. The scope of work at the Sandy project requires the installation for a new emergency backup power generator with a belly tank, demolish and placement of new concrete equipment pad, new ATS, and new MTS with Cam-Lock, with minor electrical work; project site is located in Midway, California. The scope of work at the Mountain Pass project requires the demolition of existing ground tank, MTS, exhaust duct, silencer, day tanks, and racks, as well as, installation of a new emergency backup power generator with a belly tank, new concrete equipment pad, new ATS, new MTS with Cam-Lock, with minor electrical work; project site is located in Baker, California. Contractor fully understands the scope and meaning of the Bid Documents.

The undersigned hereby agrees to furnish all materials, labor, tools, equipment, apparatus, facilities, and transportation necessary to complete all work in strict conformity with the drawings and specifications, and to execute the contract to the satisfaction of the Project and Facilities Management Department, at the following cost(s):

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In case of discrepancy between the written bid set forth and the numerical bid set forth, the written bid shall prevail. In the case of a discrepancy between the written bid or numerical bid set forth on the bid proposal, and the numerical bid set forth in the ePro system, the information on the bid proposal shall prevail.

#### BASE BID

For the furnishing of the labor, materials, and equipment necessary to complete all work designated in the Plans and Specifications.

The LUMP SUM of eight hundred and fifty thousand Dollars  
(\$ 850,000.00)

The above-mentioned BASE BID includes applicable California state sales tax, bonds, insurance and all other costs required to perform all the work described in the project drawings and specifications.

The lowest bid shall be the lowest bid price on the BASE BID. A responsible and responsive bidder who submitted the lowest bid shall be awarded the contract, if it is awarded.

#### BID DEPOSIT (BID BOND)

There is enclosed herewith, a certified check or surety bond in the amount of ten percent (10%) of the BASE BID, or, more specifically, eighty five thousand Dollars (\$ 85,000.00), made payable to San Bernardino County. The undersigned agrees that in the event of the failure by the undersigned to execute the necessary contract and furnish the required contract bonds and insurance, the certified check or surety bond and the money payable thereon shall be, and remain, the property of San Bernardino County. If the bid is accompanied by a certified or cashier's check, the check shall be deposited by the Project and Facilities Management Department – Project Management, and a County warrant for the full amount shall be issued to the undersigned approximately one month after Contract Award.

If the bid is submitted through San Bernardino County Electronic Procurement Network (ePro) then scan the bid security (bid bond) and submit the scanned copy with your bid submittal in ePro, additionally, mail or submit the original bid security, in a separate sealed envelope labeled "Bid Bond" with the title of the work and the name of the bidder clearly marked on the outside, to: Project and Facilities Management Department – Project Management, 385 North Arrowhead Avenue, Third Floor, San Bernardino, California, 92415-0184. **Any mailed or submitted bid security must be received on or before the time set for the opening of the bids.**



#### TIME OF COMPLETION

The undersigned agrees to complete the work within **365 Days** calendar days from the date stipulated in the Notice to Proceed.

#### LIQUIDATED DAMAGES

Pursuant to the provisions of Government Code Section 53069.85 and in the event that all the Work called for in this Contract is not completed within the number of calendar days set forth, Contractor shall forfeit and pay to the County the sum of \$750.00 per day for each calendar day the work remains incomplete, to be deducted from any payments due or to become due to the Contractor. (Reference General Conditions and Special Conditions)

#### ESCROW ACCOUNT

Pursuant to Section 22300 of the Public Contract Code, at the request and expense of the Contractor, the Contractor may substitute qualified securities in lieu of retention withheld by the County and/or establish an escrow account for retention payments.

#### REJECTION OF BIDS

The undersigned agrees that the County reserves the right to reject any or all bids and reserves the right to waive informalities in a bid or bids, not affected by law, if to do so seems to best serve the public interest.

#### VALIDITY OF BIDS

The undersigned agrees that this bid will remain valid for sixty (60) days after the scheduled bid opening.

#### STATE LICENSES

The undersigned hereby certifies that he is currently the holder of a valid State Contractor's Class "B" license as a contractor in the State of California and that the license is the correct class of license for the work described in the project drawings and specifications. The undersigned also certifies that all subcontractor(s) listed under the Designation of Subcontractors section of the Bid Proposal are currently the holder of valid contractor's license(s) in the State of California and the license is the correct class of license for the work to be performed by the subcontractor(s).

#### INSURANCE

The undersigned agrees to furnish certified copies of all insurance policies and endorsements; all certificates of comprehensive, general and auto liability insurance;



Workers' Compensation insurance; and such other insurance that will protect him from claims for damages and personal injury, including death, which may arise from operations under the contract, whether such operation be by the undersigned or by any subcontractor of the undersigned, or anyone directly or indirectly employed by the undersigned or any subcontractor of the undersigned in accordance with Section 11.2 of the General Conditions. **The undersigned agrees to provide the re- Project Management with Certificates of Insurance evidencing the required insurance coverage at the time Contractor executes the contract with the County.** All policies (excluding Workers' Compensation) shall name San Bernardino County and its officers, employees, agents and volunteers as additional insureds. All coverages shall be subject to approval by the County for adequacy of protection.

#### BONDS

If this Bid is successful, the undersigned agrees to execute the required Standard Contract and will furnish a payment bond in an amount equal to one hundred percent (100%) of the contract price and a Faithful Performance Bond in an amount equal to one hundred percent (100%) of the contract price. These bonds shall be secured from a surety company or companies satisfactory to the County within ten (10) calendar days of the contract award and shall be on County approved bond forms. Bonds shall remain in full force and effect for a period of one year following the date of filing of Notice of Completion.

#### FORMER COUNTY OFFICIALS

Contractor agrees to provide or has already provided information on former San Bernardino County administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former county administrative officials who terminated county employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of contractor. For purposes of this provision, "county administrative official" is defined as a member of the Board of Supervisors or such officer's staff, Chief Executive Officer or member of such officer's staff, county department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit.

#### INACCURACIES OR MISREPRESENTATIONS

If during the course of the bid proposal process or in the administration of a resulting Contract, the County determines that the contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, the contractor may be terminated from the bid proposal process, or in the event a Contract has been awarded, the Contract may be immediately terminated. If a Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.



### VISITING THE SITES

The undersigned has visited the site, and is familiar with the local conditions of the work site.

### DESIGNATION OF SUBCONTRACTORS

In compliance with the provisions of Sections 4100-4108 of the Public Contract Code of the State of California, and any amendments thereof, the undersigned shall set forth below the name, location of the place of business and the California contractor license number of each subcontractor who will perform work (meaning the total amount of the subcontractor's contract amount including all labor, materials, supplies and services) in excess of one-half of one percent ( $1/2$  of 1%) of the total bid; and, the general category or the portion of the work to be performed by each subcontractor.

If the undersigned fails to specify a subcontractor for any work to be performed under the contract, the undersigned agrees to perform the work and shall not be permitted to subcontract that work except in cases of public emergency, and then only after written finding as public record by the Board of Supervisors.

The undersigned certifies that all subcontractor(s) listed below are currently the holder of valid contractor's license(s) in the State of California and the license(s) is the correct class of license for the work to be performed by the subcontractor(s).

The undersigned certifies that it and all subcontractor(s) listed below have registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 (applicable for all bids submitted on or after March 1, 2015). The undersigned agrees that no contractor or subcontractor may be awarded a contract for public work or perform work on a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 (applicable for all contracts awarded on or after April 1, 2015). The undersigned acknowledges that the project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

As required by Labor Code 1771.1(a) "A contractor or subcontractor shall not be qualified to bid on, be listed in a bid proposal, subject to the requirements of Section 4104 of the Public Contract Code, or engage in the performance of any contract for public work, as defined in this chapter, unless currently registered and qualified to perform public work pursuant to Section 1725.5. It is not a violation of this section for an unregistered contractor to submit a bid that is authorized by Section 7029.1 of the Business and Professions Code or by Section 10164 or 20103.5 of the Public Contract Code, provided the contractor is registered to perform public work pursuant to Section 1725.5 at the time the contract is awarded."



Where a hearing is required for a decision on the substitution of subcontractors, pursuant to the provisions of Chapter 4, Part 1, Division 2, of the Public Contract Code, (commencing with Section 4100) by the awarding authority, or a duly appointed hearing officer, the Clerk of the Board of Supervisors shall prepare and certify a statement of costs incurred by the County for investigation, and to conduct the hearing, including the costs of any hearing officer and shorthand reporter appointed. For the purposes of a hearing for the substitution of subcontractors (pursuant to the Public Contract Code commencing with Section 4100) the awarding authority shall be the Director of the Project & Facilities Management Department, or his/her designee.

The statement of costs shall be sent to the undersigned, who shall reimburse the County for all costs. If not paid separately, such reimbursement shall be deducted from monies due and owing to the undersigned prior to acceptance of the project.

CONTRACTOR NAME: RE Chaffee Construction Inc.

<u>Subcontractor</u>	<u>Portion of Work</u> (Description of work to be performed)	<u>Location of Business</u>	<u>CA Cont. Lic. No.</u>	<u>DIR Reg. No.</u>
<u>Calumet Electrical Contractors Inc.</u>	<u>Electrical</u>	<u><del>Glendale, CA</del> Hesperia, CA</u>	<u>936455</u>	<u>#100063567</u>

ADDENDA

This bid includes Addendum No. 1 dated 7-5-22  
Addendum No. 2 dated 7/8/22

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Addendum No. \_\_\_\_\_ dated \_\_\_\_\_

Bidder must acknowledge all addendums above, regardless of any acknowledgement of addendums in ePro.

AFFIDAVIT

The undersigned has submitted with the bid proposal a non-collusion declaration, signed under penalty of perjury, for the principal contractor. The undersigned agrees to furnish the County non-collusion declarations for subcontractors signed under penalty of perjury, and states that this is a genuine proposal and is neither collusive nor made in the interest of any other person and has not induced anyone to submit a sham bid or refrain from bidding.

**The undersigned acknowledges it has registered with the ePro system prior to the date and time to receive sealed bids or it will be disqualified.**

The undersigned declares: that the only person or parties interested in this proposal as principals are those named herein; that this bid is made without any connection with any other person or persons making a bid for the same work, except for another division of the undersigned which may submit an independent bid; that the bid is in all respects fair and without collusion or fraud; that the undersigned has read the Advertisement for Bids and the Instructions to Bidders and agrees to all the stipulations contained therein; that the undersigned has examined the form of contract (including the specifications, drawings, and other documents incorporated therein by reference); that in the event this bid as submitted, including the incorporated bidding documents, be accepted by the County, the undersigned shall execute a contract to perform the work as outlined herein.

If undersigned is a corporation, proposal must be signed by an authorized officer of the corporation.

If the bid proposal is submitted through ePro the undersigned acknowledges that its electronic signature is legally binding.

Check One: ☐ Sole Proprietor  
☐ Partnership  
☒ Corporation  
☐ Other

Name of Bidder: RE Chaffee Construction Inc.

Address: 1253 Evergreen rd ste 3

wrightwood, CA 92397 Phone: 760-249-8068

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Email: Bonnie@Rechaffee.com  
Contractor's License No.: 897946 Primary Class: A,B&C-57  
Expiration Date of Contractor's License 12/31/22  
Contractor's DIR Registration# 1000707243  
I declare under penalty of perjury the above is true and correct.  
Authorized Signature: [Signature] Title: President  
Print Name: Ronald E Chaffee Date: \_\_\_\_\_



## NONCOLLUSION DECLARATION

### TO BE EXECUTED BY BIDDER AND SUBMITTED WITH BID

The undersigned declares:

I am the President of ReChaffee Company the party making the foregoing bid.

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization or corporation. The bid is genuine and not collusive or sham. The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or to refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or of any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder. All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof, to effectuate a collusion or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on 7-17-22 [date], at Wrightwood [city], California [state].

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Wlap  
President







**ACKNOWLEDGMENT OF SURETY**

STATE OF ARIZONA )  
COUNTY OF MARICOPA )

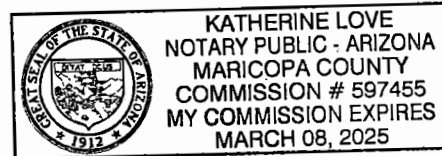
On this 1st day of July, 2022, before me personally came Michael J. Mesenbrink, to me known to be the person described in and, who, being by me, did depose and say that he resides in Scottsdale, Arizona; that he is the Attorney-in-Fact of

The Ohio Casualty Insurance Company,  
the corporation described in and which executed the attached instrument; that he knows corporate seal of the said corporation; that the seal affixed to the said instrument is such corporate seal; and that it was so affixed by order of the Board of Directors of the said corporation; and that he signed his name there by like order.



Katherine Love, Notary Public

My commission expires: March 8, 2025



(Notary Seal)





This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

Certificate No: **8204900 - 985602**

## POWER OF ATTORNEY

**KNOWN ALL PERSONS BY THESE PRESENTS:** That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Debbie R. Thomas; Heather J. Perrin; Jeri Lynn Thompson; Katie Love; Lisa M. Hankal; Margie Wager; Maria R. Lucero; Michael J. Mesenbrink

all of the city of Scottsdale state of AZ each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

**IN WITNESS WHEREOF,** this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 23rd day of February, 2021.



Liberty Mutual Insurance Company  
The Ohio Casualty Insurance Company  
West American Insurance Company

By:

*David M. Carey*

David M. Carey, Assistant Secretary

State of PENNSYLVANIA  
County of MONTGOMERY ss

On this 23rd day of February, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

**IN WITNESS WHEREOF,** I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal  
Teresa Pastella, Notary Public  
Montgomery County  
My commission expires March 28, 2025  
Commission number 1126044  
Member, Pennsylvania Association of Notaries

By:

*Teresa Pastella*

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

### ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

### ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and affixed the seals of said Companies this 1st day of July, 2022.



By:

*Renee C. Llewellyn*

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries.

**CALIFORNIA ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

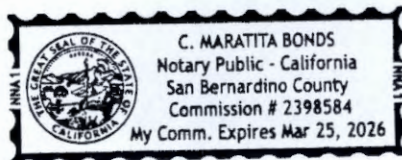
State of California

County of SAN BERNARDINO

On 07/11/2022 before me, C. MARATITA BONDS, NOTARY PUBLIC  
Date Here Insert Name and Title of the Officer

personally appeared RONALD CHAFFEE JR  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal and/or Stamp Above

Signature C. Maratita Bonds  
Signature of Notary Public

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_



ADDENDUM NO. 1

TO THE BID DOCUMENTS FOR THE  
800MHz GENERATOR PROJECTS – SITES LEASED THROUGH AMERICAN  
TOWER – SANDY, PADUA, MOUNTAIN PASS

The following changes and/or additions shall be made to the plans and/or specifications. All other requirements of the contract documents shall remain the same. The Bidder shall acknowledge receipt of the addendum by inserting its number and date in the Bid Proposal.

**REVISED Bid Opening Date:**

FROM: Thursday, July 7, 2022 at 2:00 p.m.

TO: Tuesday, July 12, 2022 at 2:00 p.m.

The bid opening online meeting access is:

Bid Opening – 10.10.0990, 10.10.0992 and 10.10.0998: 800MHz Generator Projects – Sites  
Lease Through American Tower  
Tue, Jul 12, 2022 2:00 PM - 3:00 PM (PDT)

**Please join my meeting from your computer, tablet or smartphone.**

<https://meet.goto.com/233268557>

**You can also dial in using your phone.**

United States: [+1 \(872\) 240-3212](tel:+18722403212)

**Access Code:** 233-268-557

**REVISED Bid Proposal Form:**

Replace Bid Proposal Form with the Revised Bid Proposal reflecting the revised Bid Opening date of July 12, 2022 at 2:00 p.m.

END OF ADDENDUM NO. 1

Donald Day

Digitally signed by Donald Day  
DN: cn=US,  
E=donald.day@res.sbcounty.gov, O=San  
Bernardino County, OU=Project &  
Facilities Management, CN=Donald Day  
Date: 2022.07.05 15:25:55-0700

Don Day, Director  
Project and Facilities Management Department,  
DD:eg;kc

San Bernardino County  
Project and Facilities Management Department  
385 North Arrowhead Avenue, Third Floor  
San Bernardino, CA 92415-0184  
[www.res.sbcounty.gov](http://www.res.sbcounty.gov)  
DATE: July 05, 2022

ADDENDUM NO. 2

TO THE BID DOCUMENTS FOR THE  
800MHz GENERATOR PROJECTS – SITES LEASED THROUGH AMERICAN  
TOWER – SANDY, PADUA, MOUNTAIN PASS

The following changes and/or additions shall be made to the plans and/or specifications. All other requirements of the contract documents shall remain the same. The Bidder shall acknowledge receipt of the addendum by inserting its number and date in the Bid Proposal.

**Replace Special Conditions**

Replace the Special Conditions found in the Bid Documents in its entirety with the attached Special Conditions.

**Responses to Bidder Questions:**

Q1: The estimated cost for construction of \$465,000.00 – is this for all three or per individually site?

***A1: Engineers Estimate covers the cost for all three projects.***

Q2: Will a temporary generator be needed at each location during demolition and new construction?

***A2: Contractor shall provide temporary generator at all three sites when the permanent generator is offline and/or utility power is disconnected. There shall be backup power available at all times during construction.***

Q3: In order to properly size a temporary generator for each location, we need to know the load each building carries. What size temp generators do you recommend, or the capacity/ratings for power used at each site?

***A3: Contractor shall provide temporary generator matching the size of new generator at each site. This temporary generator will back up the power source of the County Innovation and Technology Department (ITD) equipment room/cage equipment during construction. IF there is any downtime required, please coordinate with ITD prior to any power shut down work.***

Q4: Sheet G-0-0 Summary of Work note 5 indicates, "Furnish and install power connection to HVAC units." Is this a typo? The drawings do not indicate HVAC unit(s) at this location. Where is the location of the HVAC so we can plan the conduit run? Also, what size conductors and conduits? This is not mentioned on the single line drawing.



**A4: Please discard the "power connection to HVAC" at summary of work.**

Q5: Sheet E-1.1 general note C talks about not exceeding 5 Ohms resistance for grounding. This site is on top of a rocky mountain. There is no room for a drill rig to get to the rear of the building (where the new generator will be located) and drill through the rock. Is there another solution for grounding that does not involve drilling? Can we tie into the building's grounding system or the antennae grounding system?

**A5: The intent is to have grounding connecting to generator directly per single line diagram. Contractor can consider to install ground rod in ground well outside adjacent to the generator room. That will give enough room for drill rig IF necessary. Contractor shall mark the conduit and grounding termination at generator for exterior located ground rod.**

Q6: Sheet E-1.1 general note E indicates provide temporary HVAC to data room as required by the County. Please indicated how many tons of temporary cooling you require for each site.

**A6: Per County, contractor shall provide temporary cooling at Padua ITD equipment. Mt Pass and Sandy do not require. For tonnage of temporary cooling at Padua, it shall be (1) 5 tons units.**

Q7: General sheet note 4 calls out mechanical drawings. Are there any mechanical drawings?

**A7: Please follow structural drawings for generator exhaust mounting requirement. Discard note referring to mechanical drawings.**

Q8: General sheet note 8 calls out remove and replace air intake filters. Do you have a manufacturer, size, and quantity for these filers?

**A8: Contractor shall field verify and replace intake filters as required. No specific manufacturer is required. Size and quantity shall be field verified.**

Q9: Aside from what is called out on the plans, is there any specific manufacturers that are required or preferred?

**A9: Per Electrical Scope of work, Generac Generator and GE ATS were used as basis of design. They are County of San Bernardino "preferred" manufacturer.**

**\*\* GENERAC GENERATOR AND GE ATS WERE USED AS BASIS OF DESIGN. CONTRACTOR SHALL SUBMIT PRODUCTS PER BOD OR APPROVED EQUAL BY COUNTY AND EEOR. ANY SUBSTITUTION PRODUCTS SHALL MATCH ALL SPECIFICATION AND PHYSICAL REQUIREMENT. CONTRACTOR IS RESPONSIBLE TO PROVIDE REVISED STRUCTURAL DESIGN, ELECTRICAL DESIGN AND MECHANICAL DESIGN AS REQUIRED.**

Q10: There is no bid bond form attach to the bid package, can we submit a general/standard bid bond?

**A10: A general bid bond form is acceptable.**

Q11: All exterior wall patches will be finished to match wall texture. What about color? Building has been pressure washed inconsistently. Partial paint still on the wall. (Padua)

**A11: Match existing wall color.**

Q12: What is the final trim that goes on the exterior of the building at the generator air intake? Padua & Mtn Pass

**A12: Stainless Steel with White powder coating finish (exterior grade).**

Q13: What is the extent of the restoration in the generator room after demo and wall patching? Are we required to paint the whole room? Padua & Mtn Pass

**A13: Painting is not required.**

Q14: What are we doing with the old generator? Are we scrapping it or is it going back to the county yard? (Padua)

**A14: Follow direction on ED-1.1 General note C.**

Q15: Is there a fuel truck ground rod that is required at this site? Padua & Mtn Pass

**A15: It is not required for indoor generator.**

Q16: Confirm if generator at Mtn Pass is single phase or three phase. All others are coordinated three phases.

**A16: Per E-1.1, generator shall be 1Ph feeding existing Panel 'A', which is 1ph.**

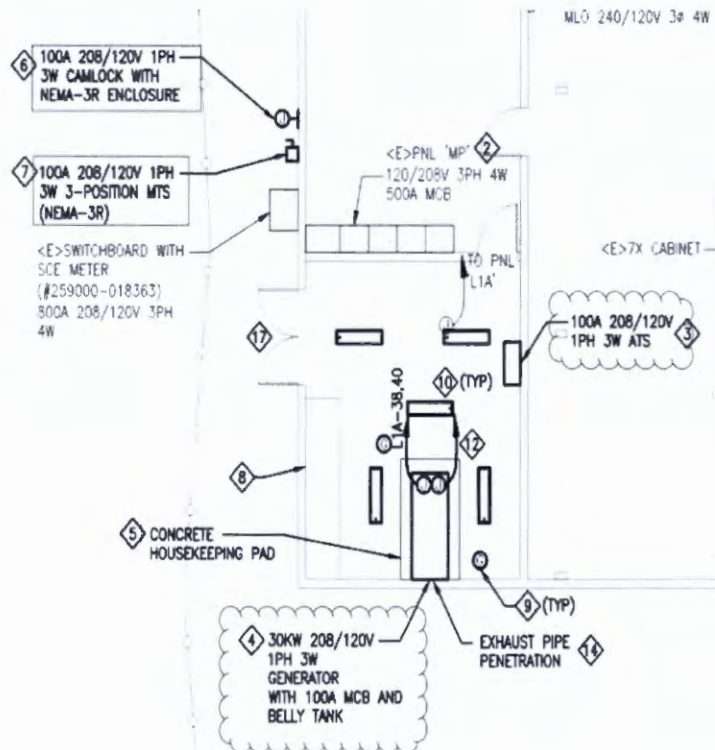
Q17: Single Line Diagram (SLD) shows three phase feeder (conduit & wires) and feeder breaker 3-pole. However, description on SLD is single phase. Specification 1.1.1 specifies single phase.

**A17: Contractor shall provide 1ph circuit breaker and feeder accordingly. It shall be single phase.**

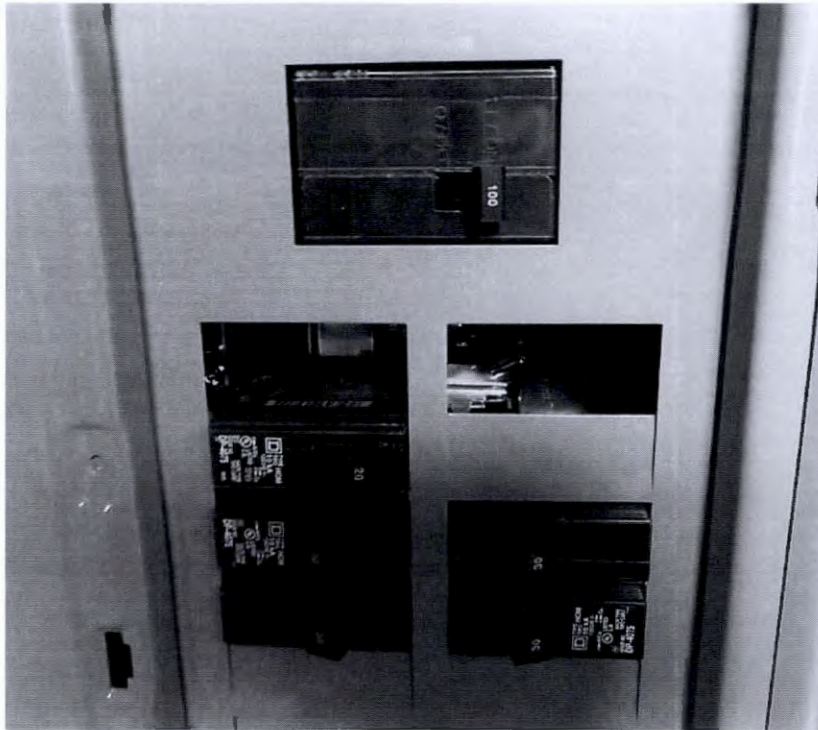


4) 208/120V 1PH 3W DIESEL GENERATOR WITH INTEGRATED CIRCUIT BREAKER AND 300GAL DOUBLE WALL BASE TANK. EXHAUST DUCT SHALL BE INSTALLED PER MECHANICAL DRAWINGS. DUCT PENETRATION SHALL SEE STRUCTURAL PLAN.

5. CONCRETE HOUSEKEEPING PAD PER STRUCTURAL DRAWINGS. COORDINATE WITH



***A18: Single phase per photo. IF contractor finds the panel 'A' is 3 phase after opening up the panel, please notify EEOR and County.***



END OF ADDENDUM NO. 2

Jennifer Costa, Assistant Director  
Project and Facilities Management Department

JC:eg;kc

San Bernardino County  
Project and Facilities Management Department,  
385 North Arrowhead Avenue, Third Floor  
San Bernardino, CA 92415-0184  
[www.res.sbcounty.gov](http://www.res.sbcounty.gov)

DATE: July 6, 2022



#### Documentation Required Checklist

- ☒ **W-9:** Confirm it has Contractor's correct Federal Tax ID Number (or Social Security Number if sole proprietor). Form must be complete, including Tax Classification, signature, and date. (The most current form can be found [here](#)).
- ☒ **Experience Modification Rating (EMR):** The EMR must be on a National Council on Compensation Insurance (NCCI) form or Contractor's insurance provider's letterhead. *Note: A rating above 1.0 requires submittal of documentation regarding the elevated rating and may prevent approval. If Contractor does not qualify for an EMR, please have Contractor's insurance provider confirm this on letterhead.*
- ☒ **Occupational Safety & Health Administration (OSHA) Log Summaries (form 300A):** Submit forms for the past three years. If Contractor incurred violations, submit Contractor's responses and cures. *Note: Fatalities require a full written description of the cause and results.*
- ☒ **Safety Manual**
- ☒ **Diversity Certifications:** Provide copies of any diversity certifications or supporting documentation, as noted on the Application.
- ☐ **Safety Certifications:**
  - ☒ CPR / First Aid Certifications
  - ☐ TL9000 / ISO 9001 / Weld Inspection / e-RailSafe Certifications
  - ☐ If performing **tower climbing services**, copies of Current Climber Certifications / Wallet Cards and Rigging Certifications.
  - ☐ If utilizing UAS / UAV / drones, copies of FAA 107 Certification.
  - ☐ If performing **rooftop** and/or **DAS services**, copies of RF Awareness Training Certification.
  - ☐ If performing **billboard** services, copies of Fall Protection Certification.

#### Application Checklist

- ☐ **Contractor Information:** Complete the profile, business information, contact information, sponsor information, and type sections.
- ☐ **Contractor Services:** Indicate the services Contractor provides in-house or those that Contractor subcontracts out.
- ☐ **Contractor Policies:** Review all ATC Contractor Policies, including the Asbestos and Other Hazardous Materials Policy.
- ☐ **ATC Direct-Contractor Supplement:** If Contractor is working directly for ATC, please review and complete the ATC Direct-Contractor Supplement. *Note: If Contractor is providing work for an ATC customer or is a subcontractor of an ATC-Direct Contractor, this supplement is not applicable.*
- ☐ **Contractor Certification:** Certify the information provided is accurate, that Contractor will comply with applicable laws, and that Contractor has reviewed and will comply with the ATC Contractor Policies.

## Contractor Profile

Doing Business As: <b>RE CHAFFEE CONSTRUCTION INC.</b> <small>(DBA, if different from legal name)</small>			
Legal Business Name: <b>RE CHAFFEE CONSTRUCTION INC</b> <small>(Exactly as shown on Contractor's State-Issued Business License)</small>			
Has this company operated under any other name in the past three years? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Previous Name(s):			
Mailing Address: <b>1253 Evergreen Rd ste 3</b> Street / P.O. Box <b>3087</b> City <b>wrightwood</b> State <b>CA</b> Zip <b>92397</b>			
Primary Office Address (if not same as above):			
Primary Phone: <b>760.249.8068</b>			
Primary Email: <b>Ronnie@Rechaffee.com</b>			

## Business Information

Parent Holding Company (if applicable):			
What percent interest does the Parent Holding Company have? %			
Year of Incorporation / Years in Business: <b>6/5/20 14 yrs</b>		State of Incorporation: <b>california</b>	
Accounts Payable Phone: <b>760.249.8068</b>		Number of Employees: <b>11</b>	
Accounts Payable Email: <b>Jessica@Rechaffee.com</b>		SIC/NAICS:	
Dun & Bradstreet Number (if applicable): <b>117853102</b>		Web Address: <b>www.Rechaffee.com</b>	
Certifications: <input type="checkbox"/> Minority Owned <input checked="" type="checkbox"/> Small Business			
<input type="checkbox"/> African American Owned	<input type="checkbox"/> Asian Indian Owned	<input type="checkbox"/> Asian Pacific Owned	<input type="checkbox"/> Woman Owned
<input checked="" type="checkbox"/> Hispanic Owned	<input type="checkbox"/> HUB Zone	<input type="checkbox"/> LGBTQ Owned	<input type="checkbox"/> Native American Owned
<input checked="" type="checkbox"/> Veteran Owned	<input type="checkbox"/> Disabled Person Owned	Other:	
Work-in states – Indicate the states in which Contractor can work: <b>California</b> <small>Note: It is Contractor's responsibility to obtain all applicable licensing and certifications required by the jurisdiction in which ATC work is located.</small>			

## Contact Information

Indicate the person to be contacted regarding any issues, projects, etc.

Application Contact: <b>Ronald E Chaffee</b>	Phone: <b>760.403.5456</b>	Email: <b>Ronnie@Rechaffee.com</b>
Bids / Purchase Order (PO) Contact: <b>Ronald E Chaffee</b>	Phone: <b>760.403.5456</b>	Email: <b>Ronnie@Rechaffee.com</b>
Safety Contact: <b>Greg Borbon</b>	Phone: <b>760.953.1887</b>	Email: <b>Greg@Rechaffee.com</b>



## American Tower | Contractor Application

### Sponsor Information

Indicate who Contractor is working for and/or the person who requested Contractor's services. (This information is required.)

<input type="checkbox"/> Directly for ATC (ATC-Direct)		<input type="checkbox"/> ATC Customer (Site Access)	<input type="checkbox"/> Subcontractor for an ATC-approved Contractor
Sponsor Contact Name:			
Sponsor Company:		Sponsor Contact Email:	

### Contractor Type

Indicate the type of service Contractor may provide:

<input type="checkbox"/> Civil Construction	<input type="checkbox"/> Engineering	<input type="checkbox"/> Materials / Freight
<input type="checkbox"/> Construction Management	<input type="checkbox"/> Environmental	<input type="checkbox"/> Professional Services
<input type="checkbox"/> DAS / iDAS / oDAS	<input type="checkbox"/> Grounds / Site Maintenance	<input type="checkbox"/> Site Acquisition
<input type="checkbox"/> Data Centers	<input type="checkbox"/> HazMat Identification / Remediation	<input type="checkbox"/> Tower / Work at Elevated Heights
<input type="checkbox"/> Drone / Unmanned Aerial Vehicle (UAV)	<input type="checkbox"/> Utility Install / Upgrade (including fiber)	<input type="checkbox"/> HVAC
<input type="checkbox"/> Electrical Site Work (including backup power)	<input type="checkbox"/> Lines and Antennas	<input type="checkbox"/> Other:

## American Tower | Contractor Application

### Contractor Services

Indicate the type of services to be performed on ATC Sites. If you do not provide the service, leave both boxes blank. Please review the additional insurance notation in each services section, as the insurance coverage is mandatory for ATC-Direct Contractors.

#### SITE MAINTENANCE: Your Umbrella Liability Insurance must be \$2 million to perform / subcontract these services.

Service	In-house	or	Subcontract	Service	In-house	or	Subcontract
Compound Restoration	<input type="checkbox"/>		<input type="checkbox"/>	Landscaping	<input type="checkbox"/>		<input type="checkbox"/>
Fencing	<input type="checkbox"/>		<input type="checkbox"/>	Pest Control	<input type="checkbox"/>		<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/>		<input type="checkbox"/>	Roofing	<input type="checkbox"/>		<input type="checkbox"/>
Generator Maintenance	<input type="checkbox"/>		<input type="checkbox"/>	Shelter Maintenance	<input type="checkbox"/>		<input type="checkbox"/>
Generator Refueling	<input type="checkbox"/>		<input type="checkbox"/>	Snow Removal	<input type="checkbox"/>		<input type="checkbox"/>
HVAC	<input type="checkbox"/>		<input type="checkbox"/>	Weed Control	<input type="checkbox"/>		<input type="checkbox"/>

#### GROUND CONSTRUCTION: Your Umbrella Liability Insurance must be \$2 million to perform / subcontract these services.

Service	In-house	or	Subcontract	Service	In-house	or	Subcontract
Asphalt Work	<input type="checkbox"/>		<input type="checkbox"/>	Generator Installation	<input type="checkbox"/>		<input type="checkbox"/>
Backhaul Install (Wi-Fi)	<input type="checkbox"/>		<input type="checkbox"/>	Grading / Excavation	<input type="checkbox"/>		<input type="checkbox"/>
Cranes / Boom Truck	<input type="checkbox"/>		<input type="checkbox"/>	Plumb and Tensioning	<input type="checkbox"/>		<input type="checkbox"/>
DAS: Below 6 Feet	<input type="checkbox"/>		<input type="checkbox"/>	Retaining Walls / Masonry	<input type="checkbox"/>		<input type="checkbox"/>
Electrical	<input type="checkbox"/>		<input type="checkbox"/>	Shelter Installation	<input type="checkbox"/>		<input type="checkbox"/>
Fiber Optical Splicing (ground)	<input type="checkbox"/>		<input type="checkbox"/>	Utility Install / Upgrade	<input type="checkbox"/>		<input type="checkbox"/>
Foundations / Slabs / Caissons	<input type="checkbox"/>		<input type="checkbox"/>	Welding (non-climbing)	<input type="checkbox"/>		<input type="checkbox"/>

#### TOWER CLIMBING / ELEVATED HEIGHTS: Your Umbrella Liability Insurance must be \$5 million to perform / subcontract these services.

Service	In-house	or	Subcontract	Service	In-house	or	Subcontract
AM Detuning	<input type="checkbox"/>		<input type="checkbox"/>	Sweep Testing	<input type="checkbox"/>		<input type="checkbox"/>
Antennas and Lines	<input type="checkbox"/>		<input type="checkbox"/>	Tall Tower Work (550+ feet)	<input type="checkbox"/>		<input type="checkbox"/>
Backhaul Install (microwave)	<input type="checkbox"/>		<input type="checkbox"/>	Tower Erection	<input type="checkbox"/>		<input type="checkbox"/>
Broadcast Towers (550+ feet)	<input type="checkbox"/>		<input type="checkbox"/>	Tower Maintenance	<input type="checkbox"/>		<input type="checkbox"/>
DAS: Above 6 Feet	<input type="checkbox"/>		<input type="checkbox"/>	Tower Mapping and Inspection	<input type="checkbox"/>		<input type="checkbox"/>
Fiber Optical Splicing (tower)	<input type="checkbox"/>		<input type="checkbox"/>	Tower Welding	<input type="checkbox"/>		<input type="checkbox"/>

Drone / UAV Services: ☐ Note: You must carry \$3 million Aviation Liability Insurance, in addition to \$5 million Umbrella Liability Insurance.

#### PROFESSIONAL SERVICES: Your insurance must include \$2 million in Professional Liability Insurance to perform / subcontract these services.

Services that involve tower climbing will also require Umbrella Liability Insurance of \$5 million.

Service	In-house	or	Subcontract	Service	In-house	or	Subcontract
A&E	<input type="checkbox"/>		<input type="checkbox"/>	RF Testing	<input type="checkbox"/>		<input type="checkbox"/>
AM Study	<input type="checkbox"/>		<input type="checkbox"/>	Site Leasing (customer)	<input type="checkbox"/>		<input type="checkbox"/>
Engineering - specify below	<input type="checkbox"/>		<input type="checkbox"/>	Surveys - specify below	<input type="checkbox"/>		<input type="checkbox"/>
Geotech	<input type="checkbox"/>		<input type="checkbox"/>	Titles	<input type="checkbox"/>		<input type="checkbox"/>
Mapping - specify below	<input type="checkbox"/>		<input type="checkbox"/>	Zoning / Permit Expediting	<input type="checkbox"/>		<input type="checkbox"/>

**Engineering:** ☐ Architectural ☐ Civil ☐ Electrical ☐ RF ☐ Structural

**Mapping:** ☐ Foundation ☐ RF

**Surveys:** ☐ ALTA ☐ As Built ☐ NEPA ☐ Phase I / II



### Contractor Policies

**Authorization to Work:** Contractor and/or its subcontractors will not commence work at an ATC Site unless Contractor is issued a Purchase Order (PO) or a written Notice to Proceed (NTP) and has followed the protocols on the PO or NTP or provided by any ATC employee.

**Substance Abuse Policy:** Contractor has a Substance Abuse Policy, which enforces a drug- and alcohol-free worksite to ensure site safety.

**Subcontractors:** Contractor shall require all its subcontractors to complete the Application and obtain ATC-approved status prior to commencing work on any ATC Site.

**Qualified Personnel:** A "Competent Person" will oversee all work operations. A "Competent Person" is one who is capable of identifying existing and predictable hazards in the surroundings or working conditions, which are unsanitary, hazardous, or dangerous to personnel, and who has authorization to take prompt corrective measures to eliminate such conditions.

**Bird Site Policy:** Contractor has reviewed ATC's Bird Watch Approved Contractor Responsibilities and Contractor will report any evidence of bird activity observed at an ATC Site, including evidence of nesting, to the ATC Environmental Team by email at [bird.watch@americantower.com](mailto:bird.watch@americantower.com). ATC's Environmental Team logs bird activity at each site and notifies Contractors of known bird activity via work orders, NTPs, and ATC Network Operations Center (NOC) interactions. Contractor will thoroughly review work orders and NTPs for contingency notes or special orders and will share the same with all personnel prior to commencing work at an ATC Site. Contractor will stop all work when bird activity is observed within the compound and no work will commence on the ATC Site until a new work order or NTP is issued by ATC, which has been authorized by the ATC Environmental Team.

**Site Condition:** Contractor shall keep the ATC Site and surrounding area free from accumulation of debris, waste materials, or rubbish. The ATC Site shall be maintained in a professional manner and items disposed of properly.

**Unmanned Aerial Vehicle (UAV):** Contractor will notify the ATC NOC prior to any use of a UAV at an ATC site. Contractor will not utilize a UAV when third parties are on-site. Contractor will not conduct surveillance or fly-over of any people, animals, or property outside of the site boundaries. All appropriate controls, such as geo-fencing and manual overrides, will be utilized. Any encounter with a third party at an ATC Site will be reported and any questions referred to the ATC Operations Site Lead. Upon request, Contractor will deliver all photographs / data collected of the ATC Site (provided such photographs / data are not otherwise subject to restrictions of confidentiality).

**Safety Program:** Contractor shall take all necessary or required safety precautions with respect to the performance of any work. When working at an ATC Site, Contractor shall:

- maintain safe working conditions and take all necessary safety precautions;
- provide all required training and equipment to prevent damage, injury, or loss to persons and property;
- conduct necessary safety meetings prior to the commencement of each day's work;
- have emergency procedures specific to each work site, which indicate the location of the nearest emergency healthcare facility;
- abide by OSHA-compliant business practices;
- provide personnel with a written safety manual and all safety training necessary to perform work in compliance with established safety practices; and
- hold safety meetings and conduct field safety inspections to determine compliance with applicable federal, state, local, ATC, and Contractor regulations / procedures.



**Staging / Rigging Plans:** For all activities involving Class II, III, or IV construction, ATC requires the upload of all templated staging plans (rigging plans) to Siterra prior to installation. All staging plans will be subject to an audit review process and checked for compliance to the standard template. For examples of acceptable templates, please review Rigging Calc<sup>®</sup>, E-Systems, or the ANSI/ASSP A10.48 Template.

**Pre-Construction Safety Survey:** When working at an ATC site, Contractor shall perform a Pre-Construction Safety Survey, prior to commencing work, to identify hazards and emergency information. Results of this survey will be communicated to all personnel and subcontractors during a safety meeting prior to commencing work.

**Tower Climbing, Elevated Heights, and Fall Protection:** If performing tower-climbing services, Contractor's personnel must be trained by a Competent Tower Climber Organization or Program in recognized fall-prevention methods and on safe use of their equipment. Contractor personnel must possess valid documentation of training at all times (Certificates over two years old are considered expired). Individuals without such documentation attempting to perform work at an ATC Site shall be removed from the ATC Site immediately. ATC will not be liable for any costs, fees, or expenses incurred by Contractor, or by Contractor's subcontractors, as a result of any such removal. Riding a hoist line is NOT PERMITTED at any ATC Site. Contractor will ensure that:

- Personal fall protection is worn 100% of the time when work is performed at heights six (6) feet and above.
- Anchorage points, including antenna support arms used for anchorage, are rated to support 5,000 pounds or at least twice the total anticipated load (personnel, materials, tools, etc.).
- There must be a minimum of two certified climbers per tower-climbing job, one must be a Competent Tower Climber.
- Use of controlled descent methods and/or suspended personnel platforms will not be performed without submitting a written plan to the ATC Safety Team ([safetyteam@americantower.com](mailto:safetyteam@americantower.com)).
- Use of personnel lift equipment and/or suspended personnel platforms complies with OSHA regulations (§1926).

**Safety Climb:** Contractor is responsible for ensuring work does not block or impede safe usage of the safety climb and is responsible for all remediation due to any resulting tower safety climb impingement, damage, or obstruction.

**OSHA Investigations:** Contractor, nor any other company operated by its principals, has been investigated by OSHA in the past three years. If so, a copy of the investigation, along with any citation from OSHA, Contractor's response, and any procedures / actions implemented as a result of the investigation have been included with this Application.

**Safety Litigation:** Contractor, nor any other company operated by its principals, has been or is involved in a lawsuit or administrative proceeding relating to a safety issue in the past three years. If so, a copy of all pleadings or filings have been included with this Application. If the lawsuit or administrative proceeding has been dismissed / closed, Contractor has provided documentation of the resolution and Contractor's response and any procedures / actions implemented as a result of the lawsuit or administrative proceeding have been included with this Application.

**Parking:** Contractor and any of its subcontractors will not drive or park any vehicles, work or personal, within the ATC Site compound or fenced area unless said vehicle is required for the delivery of heavy equipment or materials or is necessary for performing work. All Contractor and subcontractor vehicles must be parked on the ATC Site access road unless ATC directs otherwise.



**Incident Reporting:** In the event Contractor is involved in an incident which requires Contractor, or any company operated by its principals, to file a report with OSHA, regardless of whether that incident occurred on an ATC Site, Contractor will notify the ATC Safety Team ([safetyteam@americantower.com](mailto:safetyteam@americantower.com)) of the incident.

**Ongoing Citations:** Contractor does not currently have any OSHA citations requiring continuing correcting and updating.

**By executing this Application, Contractor certifies that its personnel and subcontractors are aware of and will comply with these ATC Contractor Policies.**

### Asbestos and Other Hazardous Materials Policy

This OSHA Compliant Business Practices, Working in Structures Potentially Containing Asbestos and Other Hazardous Materials policy ("Policy"), is required to be adhered to by all Contractors. ATC is committed to business practices that ensure a safe and healthy work environment and requires Contractors to demonstrate the same commitment to maintaining the highest levels of safety compliance, while doing business on ATC Sites. Accordingly, in addition to the requirements contained in this Policy, Contractors must comply with all applicable laws of the United States and any other jurisdiction that governs Contractor's personnel safety and health requirements.

Installation of antennas, cabling, and cabinets inside and outside structures may require disturbing building materials that possibly contain asbestos or other hazardous materials. This Policy provides general guidance on how to comply with all federal, state, and local laws and best practices to eliminate worker and building occupant exposures to asbestos, lead, and/or other hazardous materials, as well as how to communicate the identification of hazardous materials to ATC.

#### Definitions:

- Asbestos-Containing Material (ACM): Material containing more than 1% asbestos by weight
- Asbestos-Containing Construction Material (ACCM): Manufactured construction material containing more than 1/10th of 1% asbestos by weight
- Asbestos-Related Work: Any activity which by disturbing ACCMs may release asbestos fibers into the air
- Suspect Asbestos-Containing Materials (ACM): Any building material, aside from wood, glass, or metal, is suspect of being ACM, unless it has been proven conclusively to not be ACM (based on sampling and analysis, documentation, building records, etc.).
- Lead-Containing Paint (LCP): Paint containing any concentration of lead detectable by laboratory analysis

#### Requirements:

- If Contractor will disturb ACM, ACCM, suspect ACM, and/or LCP, Contractor must abide by all asbestos and/or lead work practices and regulations.
- Contractor shall, using properly trained and licensed asbestos building inspectors, identify all suspect ACMs or LCP that may be disturbed during the work required. For work inside of any ATC-owned shelter or building, Contractor shall contact the ATC HazMat Compliance Team at [hazmat.compliance@americantower.com](mailto:hazmat.compliance@americantower.com) for any questions related to building materials.
- Contractor is responsible for ensuring any disturbance of ACM, ACCM, or LCP, as regulated by the jurisdiction in which the work will be conducted, will be in full compliance with all regulations protecting human health and the environment.
- All work shall be conducted by trained and licensed asbestos / lead workers under supervision of trained abatement contractors / supervisors as necessary.
- Where ACM has been penetrated or otherwise disturbed, the raw edges of those penetrations shall be encapsulated using industry best practices to reduce the likelihood of asbestos fiber releases.
- Contractor shall collect all waste ACM generated during the asbestos-related work and dispose of such waste in full compliance with jurisdictional requirements.
- Contractor will provide all data pertaining to the sampling and analysis of suspect ACM inside any ATC-owned shelter or building, including a list and location of materials identified as ACM and those presumed to be ACM, to the ATC HazMat Compliance Team at [hazmat.compliance@americantower.com](mailto:hazmat.compliance@americantower.com).

#### Other Hazardous Materials Encountered:

In the event Contractor encounters material on an ATC Site reasonably believed to be a hazardous substance as defined by OSHA, such as polychlorinated biphenyls (PCBs), mold, or other listed materials, Contractor shall immediately stop work and report the condition to the ATC HazMat Compliance Team at [hazmat.compliance@americantower.com](mailto:hazmat.compliance@americantower.com). Work in the affected area shall not resume until the condition has been abated or has been adequately addressed and the ATC HazMat Compliance Team issues written notice that the work may recommence at the ATC Site.



**In the Event of a Spill or Release:**

Any Contractor whose work results in or who encounters evidence of a hazardous material spill or release while working on-site should immediately report such by calling the ATC NOC. Work on-site will be suspended until the ATC HazMat Compliance Team evaluates and advises on whether site access can be restored.

**Reporting:**

Upon reasonable belief or knowledge of any situation which would or does violate this Policy, Contractor shall immediately report the circumstances giving rise to such violation or potential violation to [hazmat.compliance@americantower.com](mailto:hazmat.compliance@americantower.com).

## ATC-Direct Contractor Supplement

### Application Checklist

- ☐ **iSupplier Registration:** Please complete the information requested below to register.
- ☐ **ATC-Direct Contractor Policies:** Please review each policy.
- ☐ **U.S. Sanctions Certificate:** Review and sign as requested.
- ☐ **Certificate of Insurance (COI):** A COI is required to receive Purchase Orders (POs) from ATC. Insurance requirements are based upon services to be performed as indicated on Page 6. A sample COI has been attached to the Application for ATC-Direct Contractor's review on Page 17.
- ☐ If ATC-Direct Contractor provides **services to ATC in Puerto Rico** those services may be subject to withholding tax commensurate with ATC-Direct Contractor's registration status with the Puerto Rico State Department. Please submit a copy of the Certificate of Existence and Merchant Certificate or Total Waiver Certificate issued by the Puerto Rico Department of Treasury.

### iSupplier Registration

ATC-Direct Contractors are required to register for the iSupplier portal. In the iSupplier portal, ATC-Direct Contractors will maintain contact and compliance information, as well as submit PO-based invoices. Please provide the name of ATC-Direct Contractor's Business Administrator. The Business Administrator is responsible for creating users, providing contacts for ATC-Direct Contractor-related updates, and attending applicable training.

First Name: <b>Ronald</b>	Last Name: <b>Chaffee</b>
Title: <b>President</b>	Email: <b>Ronnie@rechaffee.com</b>



### ATC-Direct Contractor Policies

*Note: This section is not applicable to subcontractors or site access contractors.*

**Insurance:** ATC-Direct Contractor must maintain a valid Certificate of Insurance (COI), which demonstrates required coverage, on file with ATC. ATC-Direct Contractor understands that upon insurance expiration ATC-Direct Contractor will be prohibited from accessing ATC Sites until a valid COI is received by ATC.

**Bankruptcy:** ATC-Direct Contractor, or any of its principals, has never filed bankruptcy or been forced into bankruptcy or receivership, and if so, a full written explanation has been attached to this Application.

**Financial Stability:** ATC-Direct Contractor consents and authorizes to ATC's investigation into the credit worthiness of ATC-Direct Contractor. Such consent and authorization is given with respect to any and all persons who may conduct an investigation of credit worthiness on behalf of ATC, including independent agencies retained by ATC for such purpose. Consent and authorization is granted for a period of one year from the date ATC-Direct Contractor either certifies or re-certifies this Application. ATC-Direct Contractor acknowledges that ATC may conduct a credit investigation of ATC-Direct Contractor at any time during this one-year period. Contractor waives any and all claims, past, present, or future, which ATC-Direct Contractor may have against ATC by reason of any credit investigation made pursuant to ATC-Direct Contractor's consent and authorization herein given to ATC.

**Vendor Code of Conduct:** ATC-Direct Contractor has reviewed the ATC Vendor Code of Conduct and upon reasonable belief or knowledge of any situation which would or does violate this Vendor Code of Conduct shall immediately report the circumstances giving rise to such violation or potential violation to the ATC Ethics Committee at [ethics.committee@americantower.com](mailto:ethics.committee@americantower.com).

**Bribery:** Any ATC-Direct Contractor that has been or is approached or solicited in any manner by ATC personnel for a bribe, a "kick-back" or other form of personal compensation or gain, a gift, or entertainment in exchange for any direct or indirect business from ATC in the past or are approached or solicited in any manner in the future should immediately email [vendor.compliance@americantower.com](mailto:vendor.compliance@americantower.com).

**Lien Waiver:** To the extent permitted under the laws of the state in which ATC-Direct Contractor is performing work, ATC-Direct Contractor hereby agrees to waive and does hereby waive any and all mechanics' liens and right to lien and agrees not to file any such mechanics' lien, but instead agrees to look solely to ATC for payment for services. Upon request, ATC-Direct Contractor will submit a Release of Lien (ROL) with invoice submitted to ATC for payment.

**Pending Litigation:** There are no judgments, suits, sanctions, disbarments, or claims pending against or contemplated by ATC-Direct Contractor that could negatively impact ATC-Direct Contractor's ability to perform any work with ATC, and if so, a full written explanation has been included with this Application.

**By executing this Application, ATC-Direct Contractor certifies that its personnel are aware of and will comply with these ATC-Direct Contractor Policies.**

## American Tower | Contractor Application

### ATC-Direct Contractor Sanctions Certificate of Compliance

I, \_\_\_\_\_ (Name), hereby certify on behalf of \_\_\_\_\_ (Contractor) that

1. No goods, technology, or software provided by American Towers LLC or its subsidiaries and affiliated companies (collectively, "American Tower") will be sold to or exported to Cuba, Sudan, Iran, or Syria.
2. No goods, technology, or software provided by American Tower will be sold or exported to any person included on the List of Specially Designated Nationals and Blocked Persons List of the U.S. Treasury Department's Office of Foreign Assets Control (which lists are maintained at: <http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>).

I agree that I will promptly notify American Tower of any change in the relationship of my company to any of the countries listed above or to any person included on the List of Specifically Designated Nationals and Blocked Persons such that the certifications above will change.

Signature: 	Contractor Name: <u>RE Chaffee Construction Inc</u>
Print Name: <u>Ronak E Chaffee</u>	Date: <u>7.6.22</u>
Title: <u>President</u>	



## American Tower | Contractor Application

### Contractor Certification

**By signing below, I certify on behalf of Contractor that:**

1. The information provided on the Contractor Application is accurate to the best of my knowledge. I understand that any misleading and/or falsification of any information I provided may disqualify Contractor from being an ATC-approved Contractor, prohibit Contractor from performing work for ATC or on an ATC Site, and/or be sufficient cause for termination of any agreement or work assignment awarded by ATC.
2. Contractor, and any subcontractor hired by Contractor, will comply with all applicable laws, ordinances, rules, regulations, orders of public authorities, and industry standards in the completion of work and, as applicable, for the safety of persons or property, including without limitation the requirements of OSHA and other governmental authorities and agencies.
3. Contractor has completely read, understands, and will adhere to all Contractor Policies, including the ATC Bird Watch Approved Contractor Responsibilities. In addition, if Contractor is an ATC-Direct Contractor, Contractor has completely read, understands, and will adhere to all ATC-Direct Contractor Policies, including the ATC Vendor Code of Conduct.

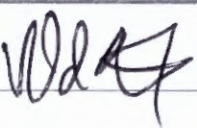
Certified by Contractor:

Signature: 	Contractor Name: <b>RE Chaffee Construction</b>
Print Name: <b>Ronald E Chaffee</b>	Date: <b>7.6.22</b>
Title: <b>President</b>	

### Annual Requalification and Recertification

**By signing below, I certify on behalf of Contractor that:**

1. The information provided on the Contractor Application is accurate to the best of my knowledge or has been updated to be accurate to the best of my knowledge. I understand that any misleading and/or falsification of any information I provided may disqualify Contractor from being an ATC-approved Contractor, prohibit Contractor from performing work for ATC or on an ATC Site, and/or be sufficient cause for termination of any agreement or work assignment awarded by ATC.
2. Contractor, and any subcontractor hired by Contractor, will comply with all applicable laws, ordinances, rules, regulations, orders of public authorities, and industry standards in the completion of work and, as applicable, for the safety of persons or property, including without limitation the requirements of OSHA and other governmental authorities and agencies.
3. Contractor has completely read, understands, and will adhere to all Contractor Policies, including the ATC Bird Watch Approved Contractor Responsibilities. In addition, if Contractor is an ATC-Direct Contractor, Contractor has completely read, understands, and will adhere to all ATC-Direct Contractor Policies, including the ATC Vendor Code of Conduct.
4. If Contractor is an ATC-Direct Contractor, an updated COI has been provided to ATC.
5. Contractor has provided ATC with an updated EMR and OSHA Log Summary.
6. Contractor has provided ATC with all updated diversity- or services-related certifications applicable to Contractor.

Signature	Name	Title	Date
	Ronald E. Chaffee	President	7-6-22



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

**Name (as shown on your income tax return)**  
**RE Chaffee Construction Inc**

**Business name/disregarded entity name, if different from above**

Check appropriate box for federal tax classification:  
☐ Individual/sole proprietor ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ ☐ Exempt payee  
☐ Other (see instructions) ▶

**Address (number, street, and apt. or suite no.)**  
**1253 Evergreen Rd**

**City, state, and ZIP code**  
**Wrightwood, CA 92397**

**List account number(s) here (optional)**

**Requester's name and address (optional)**

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Social security number**

			-						
--	--	--	---	--	--	--	--	--	--

**Employer identification number**

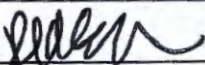
8	5	-	3	5	2	6	0	2	
---	---	---	---	---	---	---	---	---	--

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** **Signature of U.S. person**  **Date** 01/05/2020

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



CHAFFEE JR, RONALD, EUGENE AND/OR  
R.E CHAFFEE CONSTRUCTION INC.  
R.E. CHAFFEE CONSTRUCTION  
PO BOX 3087  
WRIGHTWOOD CA 92397

Bureau Number 8-85-24-71-R  
Effective Date 08/04/2022  
Issue Date 04/06/2022  
Experience Modification 84%  
Insurer STATE COMPENSATION INS FUND  
Insurer Group STATE COMPENSATION INS FUND  
Policy Number 92361802021  
Issuing Office PLEASANTON #1  
Experience Period 11/04/2017 to 11/04/2020

**Summary of Payroll and Expected Losses**

Class Code	Payroll	Expected Loss Rate per \$100 payroll	Expected Losses	D-Ratio	Expected Primary Losses	Expected Excess Losses
Insurer: 905	Policy Period : 08/04/2020 to 08/04/2021					
6307	423,211	2.97	12,569	0.154	1,936	10,633
Totals	423,211		12,569		1,936	10,633

**Insurer: 905 Policy Period : 08/04/2019 to 08/04/2020**

6315	228,744	1.72	3,934	0.176	692	3,242
Totals	228,744		3,934		692	3,242

**Insurer: 905 Policy Period : 08/04/2018 to 08/04/2019**

6315	19,501	1.72	335	0.176	59	276
6316	82,359	1.38	1,137	0.130	148	989
Totals	101,860		1,472		207	1,265

**Summary of Claims and Actual Losses**

Primary Threshold: 8,000

Claim Number	Injury Type	Open / Closed	Actual Losses	Actual Primary Losses
Totals	0		0	

Experience Period Totals

Expected Losses	Expected Primary Losses	Expected Excess Losses
C 17,975	2,835	B 15,140

Number of Claims

0
---

Actual Losses

0	A
---	---

Actual Primary Losses Expected Excess Losses Expected Losses

$$\left[ \frac{A}{0} + \frac{B}{15,140} \right] / \frac{C}{17,975} = 84\%$$

Experience Modification

Loss-Free Rating: 84%

(S) Subrogation; (J) Joint Claim; (P) Partially Fraudulent, if any

CN#RS388658

Workers' Compensation Insurance Rating Bureau of California®

04/05/2022



## Calculation of Your Experience Modification

This Experience Rating Form provides detailed information about the calculation of your experience modification. Experience rating is a state-mandated merit rating program established in the California Insurance Code. The specific rules and guidelines are contained in the *California Workers' Compensation Experience Rating Plan—1995* (Experience Rating Plan). The primary purpose of experience rating is to reduce workplace injuries by providing a direct financial incentive for workplace safety. To accomplish this goal, the experience rating system compares an employer's history of claims against others in its industry that are of similar size. This comparison based on an employer's own claim history is used in determining the premium the employer pays.

Experience rating uses past experience to forecast future losses. An increase in an experience modification is not intended to collect additional premium to recoup the cost of claims that were filed in past years. Rather, it uses an individual employer's loss history as a predictor of what might be expected in the future. An employer that is experience rated will have an experience modification, which is expressed as a percentage on the bottom of this Experience Rating Form. An experience modification below 100% reflects better than the industry average claim history while an experience modification over 100% reflects worse than the industry average claim history. Insurers must apply the issued experience modification in their premium computation, but can also apply other debits and credits to determine the final premium to be charged.

## Data Used for Experience Rating and the Experience Period

With few exceptions, the payrolls and losses arising from all policies incepting within the experience period as reported by the insurer are used in the calculation of your experience modification.

The experience period is defined in the Experience Rating Plan as a 3-year time period that commences 4 years and 9 months prior and terminates 1 year and 9 months prior to the date for which an experience modification is to be established. The actual experience period used to calculate this experience modification is shown in the heading of the Experience Rating Form.

## About the Experience Rating Form

This form shows the payrolls for each applicable classification and the claims reported by the insurer and used in the experience modification calculation. This data is reported to the WCIRB in accordance with the *California Workers' Compensation Uniform Statistical Reporting Plan—1995* (Reporting Plan).

The Experience Rating Form is divided into four main sections: Heading, Summary of Payroll and Expected Losses, Summary of Claims and Actual Losses, and Rating Procedure.

### Heading

Your company name, address and other business names that are included on your insurance policy are captured from the policy information page. This section also includes the date the experience modification is effective and the date the Experience Rating Form was issued to the insurer. If a previously published experience modification was revised, the rerate number and reason are included in this section.

### Summary of Payroll and Expected Losses

This section reflects the payrolls reported by the insurer for each applicable classification. The payrolls shown reflect audited payrolls, which result from the final audits conducted by the insurer. The expected losses for each classification are derived from the reported payrolls for that classification and the corresponding expected loss rate approved by the California Insurance Commissioner. Your expected excess losses are the portion of the expected losses that is, on average, above the primary threshold (see Summary of Claims and Actual Losses) that applies to your business. Your expected losses and expected excess losses are used to calculate your experience modification.

## Summary of Claims and Actual Losses

This section reflects the losses on claims reported by the insurer for each policy included in the experience period.

The actual loss shown for each reported claim represents the total incurred loss value of the claim. This includes the actual loss amount paid and, for claims that were open when the loss information was provided, a loss amount reserved by the insurer for future expected loss payments. (Loss adjustment expenses are not included.) The loss amounts generally reflect the insurer's most recently reported valuation of the incurred loss value as required pursuant to the Reporting Plan prior to the effective date of the experience modification.

The actual primary loss shown for each claim is the dollar amount of the actual loss of each claim that is used in the experience modification calculation. For most claims, it is the loss amount of each claim up to your primary threshold less \$250. (Your primary threshold is shown on the top line of this section and is based on the size of your business as measured by your total expected losses.) If the actual loss of the claim is \$250 or less, it is not used in the experience modification calculation. Your actual primary losses are used to calculate your experience modification.

## Rating Procedure

This section reflects the calculation of the experience modification. The rating procedure and the information used in calculating the experience modification are detailed in the Experience Rating Plan. Your experience modification is determined as the ratio of the sum of your actual primary losses and expected excess losses compared to your expected losses. This section also shows the loss-free rating which is the experience modification that would have been calculated if no claims were incurred during the experience period or if the only claims incurred were for \$250 or less. When there is only a single claim in the experience period in excess of \$250, the experience modification is limited to be no higher than 25 percentage points above the loss-free rating.

## Find Out More

The WCIRB website contains free information for employers regarding the California workers' compensation system—including the Online Guide to Workers' Compensation, Frequently Asked Questions, and Education on Demand online learning modules. See the *Employer/Policyholder* section on [www.wcirb.com](http://www.wcirb.com).

## About the WCIRB

The Workers' Compensation Insurance Rating Bureau of California is a licensed rating organization and is the California Insurance Commissioner's designated statistical agent. To accurately measure the cost of providing workers' compensation benefits, the WCIRB performs a number of functions, including collection of coverage and loss data on every workers' compensation insurance policy, inspections of insured businesses, and test audits of insurer policy audits.

The WCIRB also provides free educational information to employers, agents and brokers, and insurers regarding the California workers' compensation insurance market. The WCIRB is a private, nonprofit association of licensed workers' compensation insurers. No state money is used to fund WCIRB operations.

Workers' Compensation Insurance Rating Bureau of California  
1901 Harrison Street, 17th Floor  
Oakland, CA 94612  
888.229.2472  
[wcirb.com](http://wcirb.com)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/04/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Baccarella Insurance Services, Inc. 3610 Central Ave. Suite #200 Riverside CA 92506-	CONTACT NAME: Mary Kelley PHONE (A/C, No, Ext): (877)687-6987 E-MAIL: Mary@bacins.com ADDRESS: Mary@bacins.com	FAX (A/C, No): (877)373-5608
INSURED	R. E. Chaffee Construction, Inc. PO Box 3087 Wrightwood CA 92397-	INSURER(S) AFFORDING COVERAGE	
		INSURER A: Gemini Insurance Company	NAIC #: 10833
		INSURER B: Navigators Ins. Company	36056
		INSURER C: State Compensation Insurance Fund	35076
		INSURER D: United Financial Casualty	11770
		INSURER E:	
		INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	VOGP003020	03/22/2022	03/22/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			03901758-1	01/25/2022	07/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		X	VOFX001172	03/22/2022	03/22/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Prod Comp Ops \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	9236180-21	08/04/2021	08/04/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Inland Marine			04-IM038885	03/24/2022	03/24/2023	Sch Equipment Leased and Rented \$114,282 \$30,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Umbrella Policy goes over General Liability, Auto and Workers Comp. Verification for Insurance Purposes Only

## CERTIFICATE HOLDER

## CANCELLATION

AI 013824

Ronnie Chaffee R.E.Chaffee Construction 7987 Sage St Phelan CA 92371-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Mary Kelley</i>
--	--

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CPR  
FIRST AID

STUDENT NAME  
**MARK BATES**

ISSUE DATE  
**12 11 2021**

EXPIRATION DATE  
**12 10 2023**


AED ☒ YES ☐ NO

Adult CPR ☒

Child CPR ☒

Infant CPR ☒

First Aid ☒

 **EMS SAFETY**  
An HSI Company

(800) 215-9555 www.emssafety.com

CPR  
FIRST AID

STUDENT NAME  
**GREG BURBON**

ISSUE DATE  
**12 13 2021**

EXPIRATION DATE  
**12 12 2023**

AED ☒ YES ☐ NO

Adult CPR ☒

Child CPR ☒

Infant CPR ☒

First Aid ☒

 **EMS SAFETY**  
An HSI Company

(800) 215-9555 www.emssafety.com

CPR  
FIRST AID

STUDENT NAME  
**BOYD CRAWFORD**

ISSUE DATE  
**12 13 2021**

EXPIRATION DATE  
**12 12 2023**


AED ☒ YES ☐ NO

Adult CPR ☒

Child CPR ☒

Infant CPR ☒

First Aid ☒

 **EMS SAFETY**  
An HSI Company

(800) 215-9555 www.emssafety.com

CPR  
FIRST AID

STUDENT NAME  
**JERRY MONROE**

ISSUE DATE  
**12 13 2021**

EXPIRATION DATE  
**12 12 2023**


AED ☒ YES ☐ NO

Adult CPR ☒

Child CPR ☒

Infant CPR ☒

First Aid ☒

 **EMS SAFETY**  
An HSI Company

(800) 215-9555 www.emssafety.com

CPR  
FIRST AID

STUDENT NAME  
**TIMOTHY OFSTEDALE**

ISSUE DATE  
**12 13 2021**

EXPIRATION DATE  
**12 12 2023**


AED ☒ YES ☐ NO

Adult CPR ☒

Child CPR ☒

Infant CPR ☒

First Aid ☒

 **EMS SAFETY**  
An HSI Company

(800) 215-9555 www.emssafety.com

CPR  
FIRST AID

STUDENT NAME  
**ALEX LEVAL**

ISSUE DATE  
**12 13 2021**

EXPIRATION DATE  
**12 12 2023**


AED ☒ YES ☐ NO

Adult CPR ☒

Child CPR ☒

Infant CPR ☒

First Aid ☒

 **EMS SAFETY**  
An HSI Company

(800) 215-9555 www.emssafety.com



The holder of this card has successfully completed the training and skills testing required for certification in the EMS Safety course(s) specified. Training is consistent with the most current AHA ECC Guidelines, and exceeds the requirements by Federal OSHA for a workplace responder. © 2016

Access Student Portal: [www.emssafety.com/login](http://www.emssafety.com/login)

INSTRUCTOR NAME

MARKT CARLSON

INSTRUCTOR NUMBER

CA7843

INSTRUCTOR EMAIL

MARKT.CARLSON@yahoo.com

INSTRUCTOR PHONE

(714) 981-4214

CARD NUMBER

1476341

(800) 215-9555 [www.emssafety.com](http://www.emssafety.com)

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INSTRUCTOR NAME

MARKT CARLSON

INSTRUCTOR NUMBER

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INSTRUCTOR EMAIL

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INSTRUCTOR PHONE

(714) 981-4214

CARD NUMBER

1476318

(800) 215-9555 [www.emssafety.com](http://www.emssafety.com)

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INSTRUCTOR NAME

MARKT CARLSON

INSTRUCTOR NUMBER

CA7843

INSTRUCTOR EMAIL

MARKT.CARLSON@yahoo.com

INSTRUCTOR PHONE

(714) 981-4214

CARD NUMBER

1476330

(800) 215-9555 [www.emssafety.com](http://www.emssafety.com)

The holder of this card has successfully completed the training and skills testing required for certification in the EMS Safety course(s) specified. Training is consistent with the most current AHA ECC Guidelines, and exceeds the requirements by Federal OSHA for a workplace responder. © 2016

Access Student Portal: [www.emssafety.com/login](http://www.emssafety.com/login)

INSTRUCTOR NAME

MARKT CARLSON

INSTRUCTOR NUMBER

CA7843

INSTRUCTOR EMAIL

MARKT.CARLSON@yahoo.com

INSTRUCTOR PHONE

(714) 981-4214

CARD NUMBER

1476331

(800) 215-9555 [www.emssafety.com](http://www.emssafety.com)

The holder of this card has successfully completed the training and skills testing required for certification in the EMS Safety course(s) specified. Training is consistent with the most current AHA ECC Guidelines, and exceeds the requirements by Federal OSHA for a workplace responder. © 2016

Access Student Portal: [www.emssafety.com/login](http://www.emssafety.com/login)

INSTRUCTOR NAME

MARKT CARLSON

INSTRUCTOR NUMBER

CA7843

INSTRUCTOR EMAIL

MARKT.CARLSON@TPRCD.COM

INSTRUCTOR PHONE

(714) 981-4214

CARD NUMBER

1476317

(800) 215-9555 [www.emssafety.com](http://www.emssafety.com)

The holder of this card has successfully completed the training and skills testing required for certification in the EMS Safety course(s) specified. Training is consistent with the most current AHA ECC Guidelines, and exceeds the requirements by Federal OSHA for a workplace responder. © 2016

Access Student Portal: [www.emssafety.com/login](http://www.emssafety.com/login)

INSTRUCTOR NAME

MARKT CARLSON

INSTRUCTOR NUMBER

CA7843

INSTRUCTOR EMAIL

MARKT.CARLSON@TPRCD.COM

INSTRUCTOR PHONE


(714) 981-4214

CARD NUMBER

1476329

(800) 215-9555 [www.emssafety.com](http://www.emssafety.com)



 <b>CHAFFEE</b>	R.E. CHAFFEE CONSTRUCTION Safety Management System	Doc No:	CAL IIPP
		Initial Issue Date	13 DEC 2018
		Revision Date:	Initial Version
		CAL/OSHA INJURY & ILLNESS PREVENTION PROGRAM (IIPP)	
		Revision No.	0
		Next Review Date:	13 DEC 2022

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HEALTH AND SAFETY KEY PERFORMANCE INDICATORS  
MONITORING



Printed on: 7/30/2021 3:29:57 PM

To verify most current certification status go to: <https://www.caleprocure.ca.gov>

## Office of Small Business & DVBE Services

Certification ID: 2023125

Legal Business Name:

RE Chaffee Construction Inc.

Doing Business As (DBA) Name 1:

Doing Business As (DBA) Name 2:

Address:

PO Box 3087

Wrightwood

CA 92397

Email Address:

[jessica@rechaffee.com](mailto:jessica@rechaffee.com)

Business Web Page:

Business Phone Number:

760/249-8068

Business Fax Number:

Business Types:

Construction

Certification Type	Status	From	To
SB(Micro)	Approved	07/30/2021	07/31/2023
SB-PW	Approved	07/30/2021	07/31/2023

Stay informed! KEEP YOUR CERTIFICATION PROFILE UPDATED!

-LOG IN at [CaleProcure.CA.GOV](https://www.caleprocure.ca.gov)

Questions?

Email: [OSDSHELP@DGS.CA.GOV](mailto:OSDSHELP@DGS.CA.GOV)

Call OSDS Main Number: 916-375-4940

707 3rd Street, 1-400, West Sacramento, CA 95605



## Contractor's License Detail for License # 897948

**DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.**

- ▶ CSLB complaint disclosure is restricted by law (B&P 7124.6) If this entity is subject to public complaint disclosure click on link that will appear below for more information. Click [here](#) for a definition of disclosable actions.
- ▶ Only construction related civil judgments reported to CSLB are disclosed (B&P 7071.17).
- ▶ Litigations are not listed unless the contractor fails to comply with the terms.
- ▶ Due to workload, there may be relevant information that has not yet been entered into the board's license database.

Data current as of 1/30/2021 11:06:35 AM

R E CHAFFEE CONSTRUCTION INC  
7987 SAGE STREET  
PHELAN, CA 92371  
Business Phone Number: (760) 403-5456

Entity Corporation  
Issue Date 06/07/2007  
Reissue Date 12/15/2020  
Expire Date 12/31/2022

This license is current and active.

All information below should be reviewed.

- ▶ A - GENERAL ENGINEERING CONTRACTOR
- ▶ B - GENERAL BUILDING CONTRACTOR
- ▶ C57 - WELL DRILLING

### Contractor's Bond

This license filed a Contractor's Bond with [OHIO CASUALTY INSURANCE COMPANY \(THE\)](#).

**Bond Number:** 999066032

**Bond Amount:** \$15,000

**Effective Date:** 12/15/2020

[Contractor's Bond History](#)

### Bond of Qualifying Individual

The qualifying individual RONALD EUGENE CHAFFEE JR certified that he/she owns 10 percent or more of the voting stock/membership interest of this company; therefore, the Bond of Qualifying Individual is not required.

**Effective Date:** 12/15/2020

This license has workers compensation insurance with the [STATE COMPENSATION INSURANCE FUND](#)

**Policy Number:** 9236180

**Effective Date:** 11/16/2020

**Expire Date:** 08/04/2021

[Workers' Compensation History](#)

- ▶ 12/15/2020 - LICENSE REISSUED TO ANOTHER ENTITY



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

## Summary of Work-Related Injuries and Illnesses

Year 2021



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

Form approved OMB no. 1218-0176

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

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

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

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<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 RE CHAFFEE CONSTRUCTION  
 Street 1253 EVERGREEN RD  
 City WRIGHTWOOD State CA Zip 92397  
 Industry description (e.g., Manufacture of motor truck trailers)  
GENERAL CONTRACTOR  
 Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

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

### Employment information

Annual average number of employees 13  
 Total hours worked by all employees last year 14,314

### Sign here

Knowingly falsifying this document may result in a fine.

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

[Signature]  
Company executive

OFFICE MANAGER  
Title

760-277-9177

Phone

1/10/2022  
Date

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

Form approved OMB no. 1218-0176

Establishment name RE CHAFFEE CONSTRUCTION

City WRIGHTWOOD State CA[illegible]

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.

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



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

## Log of Work-Related Injuries and Illnesses

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

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

Year 20 20

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



Form approved OMB no. 1218-0176

### Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

### Reminders:

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name **R.E CHAFFEE CONSTRUCTION**

City **WRIGHTWOOD** State **CA**

### Step 1. Identify the person

### Step 2. Describe the case

### Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

### Step 4.

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

### Step 5.

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Remained at Work				Away from work (K)	On job transfer or restriction (L)	Illness (M)					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	____ days	____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	____ days	____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	____ days	____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	____ days	____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reset			/ / month / day			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	____ days	____ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Add a Form Page

Page totals

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

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

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



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

## Summary of Work-Related Injuries and Illnesses

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

Year 20 20



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

Form approved OMB no. 1218-0176

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

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

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

### 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) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

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

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

### Establishment information

Your establishment name R.E CHAFFEE CONSTRUCTION

Street 1253 EVERGREEN RD

City WRIGHTWOOD State CA Zip 92397

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

GENERAL CONTRACTOR

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

237110

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

Annual average number of employees 8

Total hours worked by all employees last year 7,084.00

### Sign here

Knowingly falsifying this document may result in a fine.

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

Rene Chaffee Office Manager  
Company executive Title  
Phone 7602779177 Date 01/15/2021

Reset



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

## Log of Work-Related Injuries and Illnesses

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

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

Year 20 19

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



Form approved OMB no. 1218-0176

### Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

### Reminders:

- Complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name **R.E CHAFFEE CONSTRUCTION**

City **WRIGHTWOOD** State **CA**

### Step 1. Identify the person

### Step 2. Describe the case

### Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

### Step 4.

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

### Step 5.

Select one column:

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
Reset			/ / month / day		
Reset			/ / month / day		
Reset			/ / month / day		
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Reset			/ / month / day		
Reset			/ / month / day		

Remained at Work				Away from work (K)	On job transfer or restriction (L)	Illness					
Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			(M)	Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss
						(1)	(2)	(3)	(4)	(5)	(6)
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___ days	___ days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Add a Form Page

Page totals

0 0 0 0 0 0 0 0 0 0 0 0

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

Injury  
(1)

Skin disorder  
(2)

Respiratory condition  
(3)

Poisoning  
(4)

Hearing loss  
(5)

All other illnesses  
(6)



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

## Summary of Work-Related Injuries and Illnesses

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

Year 20 19



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

Form approved OMB no. 1218-0176

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

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

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

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<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) Injuries	<u>0</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

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

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

### Establishment information

Your establishment name R.E CHAFFEE CONSTRUCTION  
 Street 1253 EVERGREEN RD  
 City WRIGHTWOOD State CA Zip 92397  
 Industry description (e.g., Manufacture of motor truck trailers)  
GENERAL CONTRACTOR  
 North American Industrial Classification (NAICS), if known (e.g., 336212)  
237110

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

Annual average number of employees 7  
 Total hours worked by all employees last year 4,390.00

### Sign here

Knowingly falsifying this document may result in a fine.

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

R. E. Chaffee Title Office Manager  
 Company executive  
 Phone 7602779177 Date 01/15/2020

Reset





R.E Chaffee  
Construction Inc.  
PO Box 3087  
Wrightwood, CA 92397

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Project & Facilities  
Management Department  
365 North Arrowhead Ave  
Third Floor  
SAN Bernardino CA 92415-0187

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