

REQUEST FOR PROPOSALS E-15-22

TRENCHLESS REHABILITATION AND PIPE-BURSTING TECHNOLOGY



Submitted By Richard Crow Director of Engineering and Special Projects

Corporate Headquarters

OFFICE: 904.764.6887 FAX: 904.379.6193 ADDRESS: 1876 Everlee Rd Jacksonville FL 32216

South Florida Office OFFICE: 954-842-4771

ADDRESS: 5400 S. University Dr. Unit 101 Davie, Fl 33328

murphypipelines.com swagelining.com



Corporate Headquarters

OFFICE: 904.764.6887 FAX: 904.379.6193

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June 10, 2022

Jeff English
City of Pompano Beach Purchasing
1190 NE 3rd Avenue
Building C
Pompano Beach, FL 33060

RE: Request for Proposals E-15-22 Trenchless Rehabilitation and Pipe-Bursting Technology

Dear. Mr. English

Murphy Pipeline Contractors, LLC. (MPC) is pleased to submit our response to RFP No. E-15-22 for the Trenchless Rehabilitation and Pipe-Bursting Technology.

The MPC Team has an extensive amount of experience in Pipe Bursting, Slip-lining, Open-cut installation, community coordination, dewatering and MOT that not only exceeds the minimum requirements of this RFP but exceeds the needs of City of Pompano Beach and more importantly its citizens. The MPC Team has the widest array of trenchless utility construction technology experience available to meet the City's needs while still providing the least disruption to the residents and business owners within the project's boundaries.

The MPC Team, has worked on a wide variety of projects including thousands of linear feet of traditional open cut, pipe bursting, slip-lining and horizontal directional drill under the most difficult schedule constraints for multiple municipalities. Furthermore, the MPC Team has recently worked on 08 projects for the City of Pompano Beach. This experience has allowed the MPC Team to be fully aware of the City of Pompano Beach's requirements and expectations. We understand the importance of the City's projects and the various challenges that need to be addressed during construction.

MPC was established in Florida in 2000 as a trenchless utility contractor with the purpose of bringing the trenchless technologies of Europe to the United States. MPC is one of the leading trenchless installation contractors in the country that specializes in static pipe bursting, slip-lining and horizontal directional drilling for water main, sewer main, gravity sewer and force main, ranging from 2" through 63".

Over the last seven years, MPC has received numerous awards including:

- 2021 Trenchless Project of the Year Honorable Mention (City of Fort Lauderdale, Large Diameter HDPE Force Main)
- 2019 Trenchless Project of the Year Honorable Mention (Powell River, BC Canada Slip Lining Project)
- 2018 Trenchless Project of the Year Honorable Mention (Ft. Lauderdale Design Build using Compression Fit HDPE pipe lining and Directional Drill)
- 2017 PE Alliance Leadership Award (JEA, FL Swagelining Project)
- 2015 Trenchless Project of the Year (Arlington National Cemetery Water Pipe Bursting Project)



The MPC Team has the experience and exceptional understanding of the uniqueness of the City of Pompano Beach that will enable a safe and effective execution of these projects. Selecting the MPC Team will provide the City of Pompano Beach with a team that has unparalleled proven experience to successfully deliver these projects to the City and its residents.

We would like to thank you for the opportunity to submit qualifications and once again look forward to working with the City of Pompano Beach. If you have any questions, feel free to contact us at any time.

Respectfully submitted,

Murphy Pipeline Contractor

Richard Crow

Director of Engineering and Special Projects

CC:

Andy Mayer, President of Murphy Pipeline Contractors



COMPLETE THE PROPOSER INFORMATION FORM ON THE ATTACHMENTS TAB IN THE EBID SYSTEM. PROPOSERS ARE TO COMPLETE FORM IN ITS ENTIRITY AND INCLUDE THE FORM IN YOUR PROPOSAL THAT MUST BE UPLOADED TO THE RESPONSE ATTACHMENTS TAB FOR THE RFP IN THE EBID SYSTEM.

PROPOSER INFORMATION PAGE

RFP ,		
RFP, _	(number)	(RFP name)
To: The City of Pompano Be	ach, Florida	
stated subject to all instructio and conditions contained in specifications, and fully unde	ns, terms, couthe RFP. I herstand what is e City and s	es to furnish the proposed services under the terms inditions, specifications, addenda, legal advertisement, have read the RFP and all attachments, including the s required. By submitting this proposal, I will accept a such acceptance covers all terms, conditions, and
Proposal submitted by:		
Name (printed)		Title
Company (Legal Registered)		
Federal Tax Identification Nu	mber	
Address		
City/State/Zip		
Telephone No		Fax No
Email Address		



Corporate Headquarters

OFFICE: 904.764.6887 FAX: 904.379.6193

ADDRESS: 12235 New Berlin Road, Jacksonville FL 32226

Feasibility Support Office

OFFICE: 414.321.2247 FAX: 414.321.2297 ADDRESS: 1973 S 91st Street Milwaukee WI 53227

murphypipelines.com

Murphy Pipeline Contractors, LLC. Total Recordable Incident Rate.

The formula for TRIR is:

The number of incidents, multiplied by 200,000, then divided by the total number of hours worked in a year.

The number 170,000 is used because it is the total number of hours 85 employees would work in a year (100 workers x 40 hours x 50 weeks).

MPC TRIR for the following years:

2015: 0 Incidences x 200,000 / 73,247.65 Hours = 0 TRIR for 2015.

2016: 0 Incidences x 200,000 / 74,048 Hours = 0 TRIR for 2016.

2017: 0 Incidences x 200,000 / 92,257.95 Hours = 0 TRIR for 2017.

2018: 0 Incidences x 200,000 / 117,405.50 = 0 TRIR for 2018.

2019: 0 Incidences x 200,000 / 190,000.00 Hours = 0 TRIR for 2019.

2020: 0 Incidences x 200,000 / 170,000.00 Hours = 0 TRIR for 2020.

Any questions please do not hesitate to ask/Contact me.

Taylor Morris. Project Manager

Summary of Work-Related Injuries and Illnesses



Form approved OMB no. 1218-0176

State 16 ZIP 37226

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Street

rebearings

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

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 categony. Then write the totals below, making sure you've added the entries from every page of the Log, If you

Establishment information

Your establishment name

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entireby. 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.

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

(4) Poisonings(5) Hearing loss(6) All other illnesses

(3) Respiratory conditions

(2) Skin disorders

Total number of . . .

(1) Injuries

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and geather the data needed, and complete and review the collection of information repeted 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 suspects of this data collection, confact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NWA Washington, DC 20210. Do not send the completed forms to this office.

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

U.S. Department of Labor Year 20/

Form approved OMB no. 1218-0176 Occupational Safety and Health Administration

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

Check the "Injury" column or choose one type of Illness: or Hearing loss gninozio4 4 Bespiratory Condition eib nisk 🕖 Ξ € Enter the number of days the injured or ill worker was: On job transfer or restriction days days \equiv days days days days days days days 8 CHECK ONLY ONE box for each case based on the most serious outcome for that case: Remained at Work 3 Classify the case Describe injury or illness, parts of body affected, or made person ill (e.g., Second degree burns on and object/substance that directly injured right forearm from acetylene torch) Where the event occurred (e.g., Loading dock north end) (iii Describe the case Date of injury or onset of illness 0 month/day month/day month/day month/day month/day month/day (e.g., Welder) (C) Job title Employee's name Identify the person <u>B</u> Case 8

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the follocition of information. Persons are not required the instructions, search and gather the data needed, and complete and review the collection of information unless it displays a currently vailed OMS control number. If you have any comments to respond to the collection of information unless it displays a currently vailed OMS 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.

All other sees

Poisoning

Respiratory condition (3)

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

Page totals

Skin disorder

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Summary of Work-Related Injuries and Illnesses

U.S. Department of Labor Occupational Safety and Health Administration Form spproved OMB no. 1218-0778

Year 2016

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or linesses 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 0	Total number of cases with job transfer or restriction 0	Total number of other recordable cases
(9)	(H)	(1)	(5)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0 (ξ)		(L)	
Injury and Illness Types	sodk		
Total number of (M)	•		
(1) Injury (2) Skin Disorder (3) Booninteer	00	(4) Poisoning (5) Hearing Loss	00
Condition	0	(6) All Other Illnesses	0

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

Public reporting burden for this collection of information is estimated to average 89 minutes per response, including time to review the instruction, search and getter the data readed, and complete and relevative to collection of information. Persons are not required to respond to the objection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any sepects of this data collection, contact. US Department of Labor. OSYM Office of Statistics, Room N-S8-M, 200 Constitution Ave. NW. Westhindton, DC 20210. Do not send the commission from to this office.

S, Inc.		Florida ZIP 32216	ailers)	ilC 3715) m (e.g., 336212)		2		ú	Loerfly that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	Secretary	
L'ENABLIER HITOTTHAUDON Your establishment name Murphy Pipeline Contractors, Inc.	Street 1876 Everice Road	City Jacksonville FL. State	Industry description (e.g., Manufacture of motor truck trailers) Underground Utility Construction	Standard Industrial Classification (SIC), if known (e.g., SIC 3715) OR North American Industrial Classification (NAICS), if known (e.g., 336212)	Employment information	Annual average number of employees Total hours worked by all employees last year 83838.5	Sign here	Knowingly falsifying this document may result in a fine.	Contriby that I have examined this document and that to the	Sommany executive	

Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment

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

2016 Year

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

Form approved OMB no. 1218-0176

Check the "injury" column or choose one type of All other illnesses 9 0 @ Hearing Loss 0 Florida Murphy Pipeline Contractors, Inc. gninosio9 3 0 Respiratory Condition (3) Skin Disorder State € E pulmix On job transfer or restriction (days) days the injured or ill Enter the number of worker was: Away From Work (days) 8 0 Jacksonville Other recordable cases CHECK ONLY ONE box for each case based on the most serious outcome for that case; Establishment name Remained at work 3 Job transfer or restriction 8 City Classify the case Days away from work Ξ Death beyond first aid. You must also record significant work-related injuries and filnesses that are diagnosed by a physician or icensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording orienta issted in 29 CFR 1904. 8 through 1904.12. Feel free to use two firses for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each rijury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office 9 0 and object/substance that directly injured or made Describe injury or illness, parts of body affected, Page totals person III (e.g. Second degree burns on right forearm from acetylene torch) Œ Describe the case ¥ Where the event occurred (e.g. Loading dock north end) ¥ (D)
Date of injury or onset of mo./day) ž (C) Job Title (e.g., Welder) Ž (B) Employee's Name Identify the person Case No. ¥

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time 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-3944, 200 Constitution Ave, NW, Washington, DC 20210. Do 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 not send the completed forms to this office.

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All other illnesses

Hearing Loss

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Condition

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

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Skin Disorder

Log of Work-Related Injuries and Illnesses

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

Year 20 / 7

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Form approved OMB no. 1218-(Occupational Safety and Health Administra

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days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and lithesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and litness 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. You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer,

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Poisoning Respiratory condition 3

Skin disorder

All establishments covared 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

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Number of Cases	Ises			
Total number of deaths (G)	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases	
Number of Days	ıys	J085416	20 SA	
Total number of days away from work		Total number of days of job transfer or restriction		
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se Tunos	-	
ad Illnes		
Injury a		

(3) Respiratory conditions Total number of . . . (2) Skin disorders (1) Injuries

(6) All other illnesses 0

(5) Hearing loss (4) Poisonings

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I certify that I have examined this document and that to the best of my

entries are true accurate, and complete.

cnowledge

Knowingly falsifying this document may result in a fine.

Sign here

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

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North American Industrial Classification (NAICS), if known (e.g., 336212) 31218 ZIB Employment information (If you don't have these figures, see the Standard Industrial Classification (SIC), if known $(e_8, 3715)$ Industry description (e.g., Manujatyne of motor muck trailers) State A Total hours worked by all employees last year Worksheet on the back of this page to estimate.) Establishment information Annual average number of employees acksonille O,

U.S. Department of La Occupational Safety and Health Administr

Form approved OMB no. 121.

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.

Summary of Work-Related Injuries and Illnesses

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

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	f Total number of other recordable iction cases
	Total number of cases with job transfer or restriction
ases	Total number of cases with days away from work
Number of Cases	otal number of eaths

Total number of days of job transfer or restriction \exists Total number of days away Number of Days from work ই

(4) Poisonings Injury and Illness Types (3) Respiratory conditions Total number of (2) Skin disorders (1) Injuries

(6) All other illnesses (5) Hearing loss

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I certify that I have examined this document and that to the best of my

knowledge the entries are mue, accurate, and complete.

Knowingly falsifying this document may result in a fine.

Sign here

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Log of Work-Related Injuries and Illnesses

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

Year 20 / 8

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days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician of licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904. 8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness incident Report (OSHA Form 301) or equivalent form for each injury or Illness recorded on this You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, form. If you're not sure whether a case is recordable, call your local OSHA office for help.

choose one type of Check the "Infury" 3 Skin disorder Ê On Job transfer or restriction Enter the number of days the injured or III worker was: days \exists days S Remained at Work CHECK ONLY ONE box for each case based on the most serious outcome for 3 Job transfer or restriction \in Classify the case Days away E (3) Page totals Describe injury or illness, parts of body affected, or made person ill (e.g., Second degree burns on and object/substance that directly injured right forearm from acetylene torch) Where the event occurred (e.g., Loading dock north end) (E) Describe the case Date of injury of illness or onset month/day 0 month/day month/day month/day month/day month/day month/day nonth/day month/day (C)
Job title
(e.g., Welder) Identify the person Employee's name (A) Case

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

Hearing loss

Respiratory condition 3

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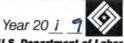
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review

Summary of Work-Related Injuries and Illnesses



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

Establishment information

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

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Number of C		A's recordkeeping rule, for further	details on the access provisi	ons for these forms.	Street 12735 New Bedin Rd City Substitute State K ZIP 32226
Total number of deaths O (G) Number of D	Total number of cases with days away from work O (H)	Total number of cases with job transfer or restriction (I)	Total number of other recordable cases (J)		Industry description (e.g., Manufacture of motor truck pailers) Cholory Manufacture of motor truck pailers) Standard Industrial Classification (SIC), if known (e.g., 3715) OR North American Industrial Classification (NAICS), if known (e.g., 336212)
Total number of da from work		otal number of days of job ansfer or restriction			Employment information (If you don't have these figures, see the Worksheet on the back of this page to estimate.)
(K)	iness Types	<u>(L)</u>			Annual average number of employees Total hours worked by all employees last year
Total number of (M) Injuries	0	(4) Poisonings	0		Sign here Knowingly falsifying this document may result in a fine.
Skin disorders Respiratory condition	ons O	(5) Hearing loss (6) All other illnesses	000		I certify that I have examined this document and that to the best of my knowledge the pitries are true, accordate, and complete.
Post this Summary	page from February	1 to April 30 of the year f	ollowing the year cove	red by the form.	9047646867 2/18/20 Phone

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.

Log of Work-Related Injuries and Illnesses

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

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 j	

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

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Iden	tify the person		Describe t	he case			sify the ca									
(A) Case	(B) Employee's name	(C) Job title	(D) Date of injury	(E) Where the event occurred	(F) Describe injury or illness, parts of body affected,		K ONLY ONE on the most ase:			Enter the	e number of e injured or er was:				ry" colu	umn or
no.		(e.g., Welder)	or onset of illness	(e.g., Loading dock north end)	and object/substance that directly injured or made person ill (e.g., Second degree burns on			Romaine	ed at Work			(M)	rder	4	8 0	
					right forearm from acetylene torch)	Death	Days away from work	Job transfer or restriction	Other record-	from work	On job transfer or restriction	ıılımı	kin diso	espirato	oisonin	Il other
-1/1	NA	. la	NA	.14	1/4	(G)	(H)	(1)	(J)	(K)	(L)	(1)	(2)	(3)	(4) (5	6) (6)
NA	MA	NA	month/day	N/A	N/A.					days	days				0 0	0 0
	-		/ month/day			0				days	days				0 0	0 0
						0				days	days				0 0	0 0
			month/day /			0				days	days				0 0	0 0
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			month/day				_	0	0	days	days	п	0	0		1 0
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			/ month/day			0				days	days				0 0	0 0
			/			- 0				days	days			0	0 0	0 0
			month/day							days	days	0		0	0 0	1 0
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			month/day		Page totals											
Public ren	porting burden for this collection of	f information is estimated to	average 14 minutes re	r response, including time to review	Be sure to transfer	_	to the Summary	nage (Form 3/	MA) hefore you no	net it	_	4	der	ory ion	ag :	her ses
the instru	ctions, search and gather the data :	needed, and complete and re	eview the collection of	information. Persons are not require				page parameter	_,,,			T	disor	spira	Poisor	All other
about the	d to the collection of information uses estimates or any other aspects of	niess it displays a currently v this data collection, contact:	Talid OMB control num US Department of Lal	hor. OSHA Office of Statistical						Page 2 of	2		Skin	30	-	The same

Log of Work-Related Injuries and Illnesses

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



U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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 effice beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related You must record information about every work-related injury or liness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical freatment njuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Establishment name

Case No.

Identify the person (B) Employee's Name (C) Job Title (e.g., Welder) injury or Date of onset of illness 0 Where the event occurred (e.g. Loading dock north end) î Describe the case Describe injury or illness, parts of body affected, forearm from acetylene torch) person ill (e.g. Second degree burns on right and object/substance that directly injured or made Page totals CHECK ONLY ONE box for each case based on the most serious outcome for that case: Classify the case Death <u>G</u> Days away from work E or restriction Job transfer Remained at work Jacksonville able cases Other record-3 days the injured or ill worker was: Enter the number of (days) From Work B restriction transfer or (days) On job Murphy Pipeline Contractors LLC. Ē 0 Check the "injury" column or choose one type of State 3 injury Skin Disorder Respiratory Condition 3 Florida Poisoning G Hearing Loss 6 All other illnesses

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

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

Injury

Skin Disorder

Respiratory Condition

Poisoning

Hearing Loss

All other illnesses

Page

1 of 1

3

(2)

(3)

4

(5)

Summary of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-0176

Year

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 0	Total number of other recordable cases
(G)	(H)	0	(J)
Number of Days			
Total number of days away from		Total number of days of job transfer or restriction	
0		0	
3		Œ	
Injury and Illness Types	Types		
Total number of			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0
Condition	0	(6) All Other Illnesses	0

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and compile and review the collection of information. Persons are not required to respond to the collection of information unless till displays a currently waited DMB control number. If you have any comments about these estimates or any aspects of the 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.

Street 12235 New Berlin Rd	
City Jacksonville State Florida	Zip 32226
Industry description (e.g., Manufacture of motor truck trailers) Underground Utility Contractor	
Standard Industrial Classification (SIC), if known (e.g., SIC 3715)	
OR North American Industrial Classification (NAICS), if known (e.g., 336212)	
Employment information	
Annual average number of employees 85	
Total hours worked by all employees last 176,800	
Sign here	
Knowingly faisifying 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.	e entries are true, accurate, and
Company executivy	Project Manager Title
904-764-6887	10/5/2021