



Florida's Warmest Welcome

**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  
ADDRESS: 12235 New Berlin Rd, Jacksonville FL 32226  
South Florida Office  
OFFICE: 954-842-4771  
ADDRESS: 5400 S. University Dr. Unit 101 Davie, FL 33328  
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June 10, 2022

Jeff English  
City of Pompano Beach Purchasing  
1190 NE 3<sup>rd</sup> 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,

A handwritten signature in blue ink, appearing to read 'Richard Crow', is positioned above the typed name.

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*** \_\_\_\_\_, \_\_\_\_\_  
(number) (RFP name)

To: The City of Pompano Beach, Florida

The below named company hereby agrees to furnish the proposed services under the terms stated subject to all instructions, terms, conditions, specifications, addenda, legal advertisement, and conditions contained in the RFP. I have read the RFP and all attachments, including the specifications, and fully understand what is required. By submitting this proposal, I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this proposal.

Proposal submitted by:

Name (printed) \_\_\_\_\_ Title \_\_\_\_\_

Company (Legal Registered) \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

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

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

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

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

### Number of Cases

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

### Number of Days

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

### Injury and Illness Types

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

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

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

**Establishment information**

Your establishment name Musky Pipeline Contractors, Inc.

Street 1876 Everlee Rd City Jacksonville State FL ZIP 32216

Industry description (e.g., Manufacture of major truck trailers) Highway-rear-end Polley Contractor

Standard Industrial Classification (SIC), if known (e.g., 3715) 1623

OR 237110

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

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

Annual average number of employees 55

Total hours worked by all employees last year 781,536.4

**Sign here**

**Knowingly falsifying this document may result in a fine.**

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

Company executive 9054 7646887 Title President  
 Phone 329 15 Date



# Log of Work-Related Injuries and Illnesses

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

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



Year 20 15

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

Form approved OMB no. 1218-0176

Establishment name Murphy Pipeline Contractors  
City Balsleville State Florida

### Identify the person

(A) Case no. N/A

(B) Employee's name N/A

(C) Job title (e.g., Welder) N/A

(D) Date of injury or onset of illness /  
month/day

(E) Where the event occurred (e.g., Loading dock north end) N/A

(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) N/A

### Describe the case

(G) Death

(H) Days away from work

(I) Job transfer or restriction

(J) Other recordable cases

(K) Away from work days

(L) On job transfer or restriction days

(M) Injury

(N) Skin disorder

(O) Respiratory condition

(P) Poisoning

(Q) Hearing loss

(R) All other illnesses

Check the "injury" column or choose one type of illness:

(1) Injury

(2) Skin disorder

(3) Respiratory condition

(4) Poisoning

(5) Hearing loss

(6) All other illnesses

### Page totals

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) \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

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 aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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

## Summary of Work-Related Injuries and Illnesses

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

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

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

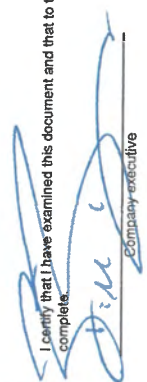
Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0 (G)	0 (H)	0 (I)	0 (J)

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

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

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

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

Establishment information	
Your establishment name	<u>Murphy Pipeline Contractors, Inc.</u>
Street	<u>1876 Everise Road</u>
City	<u>Jacksonville FL</u> State <u>Florida</u> Zip <u>32216</u>
Industry description (e.g., Manufacture of motor truck trailers)	<u>Underground Utility Construction</u>
Standard Industrial Classification (SIC), if known (e.g., SIC 3716)	<u>1 6 2 3</u>
OR North American Industrial Classification (NAICS), if known (e.g., 336212)	<u>2 3 7 1 1 0</u>
Employment information	
Annual average number of employees	<u>59</u>
Total hours worked by all employees last year	<u>83938.5</u>
<b>Sign here</b>	
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.	
	Secretary Title
<u>Company executive</u>	
<u>904-764-6887</u>	Phone
<u>2/25/2017</u>	Date



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

Log of Work-Related Injuries and Illnesses

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

Year 2016

U.S. Department of Labor

Occupational Safety and Health Administration

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

Form approved OMB no. 1216-0176

Establishment name

Murphy Pipeline Contractors, Inc.

Identify the person

Classify the case

City

Jacksonville

State

Florida

Describe the case

Table with columns for Case No., Employee's Name, Job Title, Date of injury, Where event occurred, Describe injury or illness, and classification categories (G, H, I, J, K, L, M).

Page totals

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

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# Log of Work-Related Injuries and Illnesses

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

Form approved OMB no. 1218-(  
 Occupational Safety and Health Administration  
 U.S. Department of Labor  
 Year 20 / 17

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

Establishment name Musky Police Const. Co. State IL  
 City DeKalbville

Identify the person		Describe the case		Classify the case		Enter the number of days the injured or ill worker was:		Check the "injury" column - Choose one type of illness									
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work	(L) On job transfer or restriction	(M) Injury	(1) Skin disorder	(2) Respiratory condition	(3) Poisoning	(4) Hearing loss	
<u>1</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> month/day	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Page totals</b>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Summary of Work-Related Injuries and Illnesses

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	0	(G)	Total number of cases with job transfer or restriction	0	(H)	Total number of other recordable cases	0	(J)
------------------------	---	-----	--	---	-----	--	---	-----

### Number of Days

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

### Injury and Illness Types

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

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### Establishment information

Your establishment name Shugby Apetoe Concrete, Inc.  
 Street 1876 Eureka Rd  
 City Jacksonville State FL ZIP 32216

Industry description (e.g., *Manufacture of motor truck trailers*)  
Independent utility construction  
 Standard Industrial Classification (SIC), if known (e.g., 3715)  
1623

OR  
 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 back of this page to estimate.)*

Annual average number of employees 65  
 Total hours worked by all employees last year 92,474.06

### Sign here

Knowingly falsifying this document may result in a fine.

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

Company executive [Signature] Title Secretary  
 Phone (904) 784-6557 Date 5-15-18



# Summary of Work-Related Injuries and Illnesses

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."

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### Number of Cases

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

### Number of Days

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

### Injury and Illness Types

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

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

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### Establishment information

Your establishment name Murphy Kyles Contractors, Inc  
Street 1876 Eichele Rd State FL ZIP 32016  
City Jacksonville

Industry description (e.g., *Manufacture of motor truck trailers*)  
Underground Utility Contractors  
Standard Industrial Classification (SIC), if known (e.g., 3715)  
1623

OR  
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 back of this page to estimate.)

Annual average number of employees 65  
Total hours worked by all employees last year 92474.06

### 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.

Murphy Kyles Title Secretary  
Company Executive ( ) Phone 904 764 6587 Date 5/15/19

# Log of Work-Related Injuries and Illnesses

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

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

## Identify the person

(A) Case no. \_\_\_\_\_  
(B) Employee's name \_\_\_\_\_  
(C) Job title (e.g., Welder) \_\_\_\_\_

(D) Date of injury or onset of illness \_\_\_\_\_  
(E) Where the event occurred (e.g., Loading dock north end) \_\_\_\_\_

(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) \_\_\_\_\_

## Classify the case

CHECK ONLY ONE box for each case based on the most serious outcome for that case:

Death (G)  Days away from work (H)  Job transfer or restriction (I)  Other recordable cases (J)

Away from work (K) \_\_\_\_\_ days  
On job transfer or restriction (L) \_\_\_\_\_ days

Check the "injury" column days the injured or ill worker was:

(M) Injury (1)  Skin disorder (2)  Respiratory condition (3)  Poisoning (4)  Hearing loss (5)

Establishment name Alpha Alpha Concrete  
City Beltsville State Maryland

## Page totals

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)

Page 1 of 1

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.



# Summary of Work-Related Injuries and Illnesses

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>
(2) Skin disorders	<u>0</u>
(3) Respiratory conditions	<u>0</u>
(4) Poisonings	<u>0</u>
(5) Hearing loss	<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 Murphy Pipeline Contractors, Inc.  
 Street 12235 New Berlin Rd  
 City Sachseville State FL ZIP 32226

Industry description (e.g., Manufacture of motor truck trailers)  
Underground Utility Contractors  
 Standard Industrial Classification (SIC), if known (e.g., 3715)  
1623

OR  
 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 back of this page to estimate.)

Annual average number of employees 105  
 Total hours worked by all employees last year 218,400

### 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] Secretary  
 Title  
904-764-6887 2/18/20  
 Phone Date

# Log of Work-Related Injuries and Illnesses

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

Year 2019



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

Form approved OMB no. 1218-0176

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

Establishment name Mugh's Pipeline Contractors LLC  
City Jacksonville State Florida

Identify the person		Describe the case				Classify the case				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Away from work (K)	On job transfer or restriction (L)	(M)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
						Remained at Work												
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)									
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> month/day	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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___	___	___	___ month/day	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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___	___	___	___ month/day	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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___	___	___	___ month/day	___	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___ days	___ days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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.

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

Page 2 of 2

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



# Log of Work-Related Injuries and Illnesses

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

Year 20

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



Form approved OMB no. 1218-0176

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

Establishment name Murphy Pipeline Contractors LLC.

City Jacksonville

State Florida

Identify the person

Describe the case

Classify the case

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

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

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

## Summary of Work-Related Injuries and Illnesses

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

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

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

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

### Number of Cases

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

### Number of Days

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

### Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 38 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 Murphy Pipeline Contractors LLC  
 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) 1 6 2 3  
 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 year \_\_\_\_\_ 176,800 \_\_\_\_\_

### Sign here

Knowing falsifying this document may result in a fine.

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

  
 Company executive

Project Manager  
 Title

904-764-6887 Phone \_\_\_\_\_ 10/6/2021 Date