



**HIGHWIRE**

# **Safety Assessment**

## **Program for:**

**ENECON U.S.A., Inc.**

The Safety Assessment Program reviews a company's historic safety performance and current safety management systems. The program normalizes data for vendor or contractor size and type of work performed.

The program provides thorough, objective and consistent evaluation of company performance so clients can identify, monitor, and manage risk smarter. The results provide a strong indicator of how a vendor or contractor values safety and a reliable predictor of future performance.

# CERTIFICATE OF ACHIEVEMENT



## PLATINUM SAFETY AWARD

This acknowledgement certifies that on 08/01/2022

**ENECON U.S.A., Inc.**

has successfully completed the Highwire Independent Safety Assessment Program and has achieved the Certificate of Completion for the trade

### Repair and Maintenance

A handwritten signature in blue ink that reads 'Garrett Burke'.

Garrett Burke, President, Highwire

**HIGHWIRE**

### Safety Assessment Results

Total Score	97.00 / 100
Insurance/Injury/Illness	42 / 45 points
EMR	7 / 10
DART	15 / 15
Recordable Case	15 / 15
No of Fatalities	0:5 points awarded
OSHA Experience	10 / 10 points
Special Elements	5.00 / 5 points
Safety Program Elements	10.00 / 10 points
Safety Management Systems	30.00 / 30 points

Safety Account Expires: Dec 11, 2022 Injury/Illness Data Valid Until Feb 1, 2023

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### Suppliers/Manufacturers

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## HIGHWIRE

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**Company Information**

Company Name	ENECON U.S.A., Inc.
Federal EIN	202900657
First Name	Matt
Last Name	Goldberg
Email	mattgoldberg@enecon.com
Telephone	215-280-7510
Address 1	6 Platinum Ct.
Address 2	
City	Medford
State	New York
Zipcode	11763

**Safety Profile**

Trade Category	Score
Repair and Maintenance	97.0
Suppliers/Manufacturers	97.0

**Strengths/Weakness (Repair and Maintenance)**
**Strengths**

Safety Management Systems
Special Elements
Safety Program Elements
EMR is better than the industry average
Days Away case and Restricted 'Recordable Case' is better than industry average
Recordable Cases is better than industry average
No fatalities in the past
No points deducted from Safety Documentation

**Weakness**

**Strengths/Weakness (Suppliers/Manufacturers)**
**Strengths**

Safety Management Systems

Special Elements

Safety Program Elements

EMR is better than the industry average

Days Away case and Restricted 'Recordable Case' is better than industry average

Recordable Cases is better than industry average

No fatalities in the past

No points deducted from Safety Documentation

**Weakness**
**Insurance/Injury/Illness**
**2021**

Did your company perform work this year?	yes
OSHA Recordable Cases	0
DART Cases	0
Total Days Away From Work	0
Total Days of Job Transfer or Restricted Duty	0
# Fatalities	0
# Total Hours Worked By All Employees	96000

**2020**

Did your company perform work this year?	yes
OSHA Recordable Cases	0
DART Cases	0
Total Days Away From Work	0
Total Days of Job Transfer or Restricted Duty	0
# Fatalities	0
# Total Hours Worked By All Employees	96000

2019	
Did your company perform work this year?	yes
OSHA Recordable Cases	0
DART Cases	0
Total Days Away From Work	0
Total Days of Job Transfer or Restricted Duty	0
# Fatalities	0
# Total Hours Worked By All Employees	96000

2018	
Did your company perform work this year?	yes
OSHA Recordable Cases	0
DART Cases	0
Total Days Away From Work	0
Total Days of Job Transfer or Restricted Duty	0
# Fatalities	0
# Total Hours Worked By All Employees	96000

### OSHA Experience

### Safety Management Systems

**1. Have a defined set of goals related to safety?**

**Ans:** Yes

**2. Have a defined management leadership and involvement program?**

**Ans:** Yes

**3. Have a defined accountability program for observed infractions of your company's safety and health program?**

**Ans:** Yes

**4. Have a crisis management or emergency action plan?**

**Ans:** Yes

**5. Have an incident investigation program?**

**Ans:** Yes

**6. Have an employee training and development program for workforce, foreman, superintendent, and managers?**

**Ans:** Yes

**7. Have a new hire orientation program?**

**Ans:** Yes

**8. Have a defined employee performance evaluation process that includes safety performance?**

**Ans:** Yes

**9. Have a defined employee involvement plan (i.e., safety committee, feedback program, etc.)?**

**Ans:** Yes

**10. Have a defined budget for safety?**

**Ans:** Yes

**11. Have a defined incentive and/or recognition program?**

**Ans:** Yes

**12. Have an annual self evaluation program?**

**Ans:** Yes

**13. Have defined safety meetings?**

**Ans:** Yes

**14. Have an inspection and hazard identification program?**

**Ans:** Yes

**15. Have a full-time safety manager on staff? If Yes, please upload one of the following: CSP or CHST designation or resume?**

**Ans:** Yes

**16. Have a defined program for the communication of safety-related items (incidents, accidents, successes, program changes, etc.)?**

**Ans:** Yes

**17. Have a policy statement that is endorsed by the company president, owner or executive management?**

**Ans:** Yes

## Safety Program Elements

## Construction Questions

**1. Does your company have a head protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**2. Does your company have an eye protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**3. Does your company have a fall protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**4. Does your company have a program in place for maintaining housekeeping?**

**Ans:** We have a program in place to address this hazard/activity.

**5. Does your company have a fire prevention and protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**6. Does your company have a hazard communication program?**

**Ans:** We have a program in place to address this hazard/activity.

**7. Does your company have a foot protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**8. Does your company have a soft-tissue injury prevention program in place (material handling)?**

**Ans:** We have a program in place to address this hazard/activity.

**9. Does your company have an incident and accident reporting program?**

**Ans:** We have a program in place to address this hazard/activity.

**10. Does your company have a procedure in place to respond to regulatory agency complaints, inspections and citations?**

**Ans:** We have a program in place to address this hazard/activity.

**11. Does your company have a signs, signals and barricades program?**

**Ans:** We have a program in place to address this hazard/activity.

**12. Are your employees exposed to cut and laceration hazards to the hands?**

**Ans:** We have a program in place to address this hazard/activity.

**13. Are your employees EVER required to enter or work around trenches or excavations?**

**Ans:** We have a program in place to address this hazard/activity.

**14. Are your employees EVER required to use electric-powered tools or equipment?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**15. Do your employees work on or around electrical systems/components?**

**Ans:** We have a program in place to address this hazard/activity.

**16. Does your company perform work on live electrical components? (Work that involves exposed energized electrical conductors or circuit parts that employees may approach and/or interact with that can expose employees to electric shock hazards or could create an arcing fault that results in an arc flash.)**

**Ans:** This hazard/activity is not applicable to our scope of work.

**17. Do your employees EVER work with or use hoisting or rigging equipment such as slings, shackles, cranes, hoisting chains, etc.?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**18. Do your employees operate motor vehicles as part of their required job duties?**

**Ans:** We have a program in place to address this hazard/activity.

**19. Do your employees use powder-actuated tools? (tools that rely on a powder propellant charge i.e. Hilti or Ramset)?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**20. Do your employees EVER use a ladder?**

**Ans:** We have a program in place to address this hazard/activity.

**21. Do your employees EVER use rolling staging, supported scaffold, suspended scaffolds, mast-climbing scaffolds or other types of scaffolds?**

**Ans:** We have a program in place to address this hazard/activity.

**22. Do your employees EVER perform welding, cutting, brazing, soldering, or other**

**flame/spark producing activities?**

**Ans:** We have a program in place to address this hazard/activity.

**23. Does your company perform steel erection?**

**Ans:** We have a program in place to address this hazard/activity.

**24. Do your employees EVER perform work activities or work in areas with high noise levels?**

**Ans:** We have a program in place to address this hazard/activity.

**25. Are your employees potentially exposed to dust, fumes, mists, vapors or other respiratory hazards?**

**Ans:** We have a program in place to address this hazard/activity.

**26. Do employees work around activities that create silica dust?**

**Ans:** We have a program in place to address this hazard/activity.

**27. Are your employees required to enter manholes, vaults, pits, shafts, trenches, crawl spaces, or other confined spaces?**

**Ans:** We have a program in place to address this hazard/activity.

**28. Are your employees EVER required to use, store or handle oxygen, acetylene, propane, nitrogen or other compressed gasses?**

**Ans:** We have a program in place to address this hazard/activity.

**29. Are your employees EVER required to operate or work from boom lifts, scissor lifts, or other aerial lifts?**

**Ans:** We have a program in place to address this hazard/activity

**30. Do your employees EVER work in places where asbestos-containing materials could be present?**

**Ans:** This hazard/activity is not applicable to our scope of work.

**31. Do your employees EVER perform sandblasting operations?**

**Ans:** We have a program in place to address this hazard/activity.

**32. Are your employees required to attend and/or participate in regularly scheduled toolbox talks?**

**Ans:** We have a program in place to address this hazard/activity.

**33. Are your employees required to possess a first-aid or CPR training certification?**

**Ans:** Yes

**34. Do your employees ever work in places where lead-based paint or lead-containing materials could be present?**

**Ans:** We have a program in place to address this hazard/activity.

**35. Are your employees potentially exposed to other hazardous chemicals, materials, or wastes?**

**Ans:** We have a program in place to address this hazard/activity.

## Facilities Questions

**1. Does your company conduct job hazard analysis prior to work?**

**Ans:** Yes

**2. Are ANY of your employees required to maintain a permit, license or certification in order to perform their work?**

**Ans:** Yes

**3. Does your company have a personal protection equipment program?**

**Ans:** We have a program in place to address this hazard/activity.

**4. Does your company have a walking and working surfaces program?**

**Ans:** We have a program in place to address this hazard/activity.

**5. Does your company have a hearing conservation program?**

**Ans:** We have a program in place to address this hazard/activity.

**6. Does your company have an environmental protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**7. Does your company have a medical surveillance program for potential exposure to hazardous chemicals, materials or wastes?**

**Ans:** We have a program in place to address this hazard/activity.

**8. Does your company have a written respiratory protection program?**

**Ans:** We have a program in place to address this hazard/activity.

**9. Does your company have a control of hazardous energy program?**

**Ans:** We have a program in place to address this hazard/activity.

**10. Are your employees required to possess a hazardous waste removal license?**

**Ans: NA**

Special Elements

**1. Does your company have a 'return to work' program for employees who have been injured?**

**Ans: Yes**

**2. Does your company have a substance abuse policy that prohibits drug and alcohol use?**

**Ans: Yes**

**3. Does your company require candidate employees to submit to a drug test before being hired?**

**Ans: Yes**

**4. Does your company perform drug and alcohol testing following EVERY employee work-related injury or accident?**

**Ans: Yes**

**5. Does your company have a reasonable suspicion drug and alcohol testing program?**

**Ans: Yes**

**6. Is your company a member of the OSHA VPP program?**

**Ans: No**

**7. Is your company a member of the SHARP program?**

**Ans: No**

**8. Is your company a participant of the OSHA Partnership Program?**

**Ans: No**

**9. Does your company have an infection control plan that addresses local outbreaks and pandemics?**

**Ans: Yes**