



CONSTRUCTSECURE
MANAGING YOUR RISK...SMARTER™

Safety Assessment Program for:

Spinella Contracting 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



Gold Safety Award

This acknowledgement certifies that on 11/24/2020

Spinella Contracting Inc

*has successfully completed the ConstructSecure
Independent Safety Assessment Program and has
achieved the Gold Safety Award for the trade*

Division 26 - Electrical.

A handwritten signature in black ink, appearing to read 'Garrett Burke'.

Garrett Burke, CSP - CEO ConstructSecure



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Safety Assesment Results

Total Score:	94 / 100
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Injury/Illness/Insurance:	41/45 points
• EMR:	6/10
• Fatalities:	0: 5 points awarded
• Recordable Cases:	15/15
• Dart:	15/15
OSHA Experience:	10/10 points
Safety Management Systems:	30/30 points
Safety Program Elements:	10/10 points
Special Elements:	5/5 points
Safety Manual Document:	-2 points deducted

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Instrumentation and Control for Electrical Systems.*

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Medium-Voltage Electrical Distribution.*

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Electrical Protection.*

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Lighting.*

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Company Information

Company Name Spinella Contracting Inc	First Name Jacqueline
Address 215 Speedwell Avenue	Last Name Mobley
Address2	Email jackie@spinellacontracting.com
City Morristown	Telephone # 973-993-1599
State NJ	Federal EIN 223823062
ZipCode 07960	

Safety Profile

TRADE CATEGORY	SCORE
Division 26 - Electrical	94
Instrumentation and Control for Electrical Systems	94
Medium-Voltage Electrical Distribution	94
Low-Voltage Electrical Distribution	94
Facility Electrical Power Generating and Storing Equipment	94
Electrical Protection	94
Lighting	94

Discrepancies

Each item below notes a question that was answered "Yes" but there was not enough information in your Safety Manual to



support the “Yes” answer.

Special Elements

4. Does your company perform drug and alcohol testing following EVERY employee work-related injury or accident?
5. Does your company have a reasonable suspicion drug and alcohol testing program?

STRENGTHS AND WEAKNESSES

STRENGTHS

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

Recordable Cases is better than industry average

EMR is better than the industry average

No fatalities in the past

Safety Management Systems

Safety Program Elements

Special Elements

WEAKNESSES

Points deducted from Safety Documentation



Insurance / Injury / Illness

Year 2019

Did your company perform work this year ?	Yes
EMR	0.882
DART Cases	0
Recordable Cases	0
# Fatalities	0
# Total Hours Worked By All Employees	56416

Year 2018

Did your company perform work this year ?	Yes
EMR	0.882
DART Cases	0
Recordable Cases	0
# Fatalities	0
# Total Hours Worked By All Employees	51386

Year 2017

Did your company perform work this year ?	Yes
EMR	0.958
DART Cases	0
Recordable Cases	0
# Fatalities	0
# Total Hours Worked By All Employees	54210

Year 2016

Did your company perform work this year ?	Yes
EMR	1.106
DART Cases	0
Recordable Cases	1
# Fatalities	0
# Total Hours Worked By All Employees	34203

OSHA Experience

Citation Date	Severity	Cited Regulation	Penalty Assessed

Safety Management Systems

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

Yes

2. Have a defined management leadership and involvement program?



Yes

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

Yes

4. Have a crisis management or emergency action plan?

Yes

5. Have an incident investigation program?

Yes

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

Yes

7. Have a new hire orientation program?

Yes

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

Yes

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

Yes

10. Have a defined budget for safety?

Yes

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

Yes

12. Have an annual self evaluation program?

Yes

13. Have defined safety meetings?

Yes

14. Have an inspection and hazard identification program?

Yes

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

Yes

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

Yes

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

Yes

Safety Program Elements

1. Does your company have a head protection program?

Yes

2. Does your company have an eye protection program?

Yes

3. Does your company have a fall protection program?

Yes

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

Yes

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

Yes

6. Does your company have a hazard communication program?

Yes

7. Does your company have a foot protection program?

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

Yes

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

NA

Wd do not work in trenches.

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

Yes



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

Yes

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.)

Yes

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

NA

We do not work with rigging equipment.

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

Yes

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

NA

We do not use power actuated tools

20. Do your employees EVER use a ladder?

Yes

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

Yes

22. Do your employees EVER perform welding, cutting, brazing, soldering, or other flame/spark producing activities?

NA

We do not perform any of these activities.

23. Does your company perform steel erection?

NA

We do not perform steel erection.

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

Yes

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

Yes

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

NA

We do not work around silica dust.

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

Yes

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

NA

We do not handle the above referenced.

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

Yes

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

Yes

31. Do your employees EVER perform sandblasting operations?

NA

We do not perform sandblasting.

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

Yes

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

NA

our employees are not required to possess a first - aid or CPR certification

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

Yes

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

Yes

Special Elements

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

Yes

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

Yes

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

No



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

Yes

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

Yes

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

No

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

No

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

No

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

Yes