

# CERTIFICATE

of completion  
**Ferma Corporation**  
Gold Award

This is to certify that **Ferma Corporation** has successfully completed the ConstructSecure independent Construction Safety Assessment Program (CSAP). **Ferma Corporation** has completed the area for the trade Demolition of Buildings & Structures. The Contractor Safety Assessment Program reviews a company's historic safety performance and current safety management systems. The program normalizes for contractor size and type of work performed. It provides a thorough, objective and consistent evaluation of company performance for decision making by construction industry participants. The results provide a view of the value a company places on safety and a reliable predictor of future performance.

**The results are below:**

TOTAL SCORE: 92.63 / 100  
Injury/Illness/Insurance: 41/45 points  
EMR: 8/10  
Fatalities: 0: 5 points awarded  
Recordable Cases: 15/15  
Dart: 13/15  
OSHA Experience: 9/10 points  
Safety Management Systems: 28.24/30 points  
SafetyProgramElements: 9.39/10 points  
Special Elements: 5/5 points  
Safety Manual Document: 0 points deducted



**CSAP Account Expires: October 5, 2013**  
**Injury/Illness Data Valid Until Feb 1, 2014**

**#3880a**



## Company Information

|  |   |
|--|---|
| <b>Company Name:</b> Ferma Corporation | <b>First Name:</b> Mitch                        |
| <b>Address:</b> 1265 Montecito Avenue  | <b>Last Name:</b> Smith                         |
| <b>Address 2:</b> Suite 200            | <b>Contact Job Title:</b> Safety Director       |
| <b>City:</b> Mountain View             | <b>Main Email Address:</b> msmith@fermacorp.com |
| <b>State:</b> CA                       | <b>Contact Telephone # (Office):</b>            |
| <b>Zip Code:</b> 94043                 | <b>Contact Telephone # (Mobile):</b>            |
| <b>Telephone #:</b> 650-961-2742       | <b>Contact Fax #:</b>                           |
| <b>Main Fax #:</b>                     | <b>Federal EIN:</b> 941592184                   |



## Insurance Injury Illness

### Year 2012

Did your company perform work this year?: Yes  
EMR: 0.76  
DART Cases: 3  
OSHA Recordable Cases: 4  
# Fatalities: 0  
# Employee Hours Worked: 211905

### Year 2011

Did your company perform work this year?: Yes  
EMR: 0.71  
DART Cases: 3  
OSHA Recordable Cases: 3  
# Fatalities: 0  
# Employee Hours Worked: 246441

### Year 2010

Did your company perform work this year?: Yes  
EMR: 0.87  
DART Cases: 0  
OSHA Recordable Cases: 0  
# Fatalities: 0  
# Employee Hours Worked: 284416

### Year 2009

Did your company perform work this year?: Yes  
EMR: 0.68  
DART Cases: 3  
OSHA Recordable Cases: 3  
# Fatalities: 0  
# Employee Hours Worked: 224613

### Year 2008

Did your company perform work this year?: Yes  
EMR: 0.71  
DART Cases: 4  
OSHA Recordable Cases: 4  
# Fatalities: 0  
# Employee Hours Worked: 224615

## OSHA Experience

CONSTRUCTSECURE, INC CONTRACTOR SAFETY ASSESSMENT PROGRAM  
Ferma Corporation, Demolition of Buildings & Structures



| Citation Date | Severity           | Cited Regulation | Penalty Assessed |
|---------------|--------------------|------------------|------------------|
| 5/23/2012     | Other Than Serious | 315318055        | \$225.00         |

## Safety Management Systems

- **Have a defined set of goals related to safety?:** Yes
- **Have a defined management leadership and involvement program?:** Yes
- **Have a defined accountability program for observed infractions of your company's safety and health program?:** Yes
- **Have a crisis management or emergency action plan?:** Yes
- **Have an incident investigation program?:** Yes
- **Have an employee training and development program for workforce, foreman, superintendent, and managers?:** Yes
- **Have a new hire orientation program?:** Yes
- **Have a defined employee performance evaluation process that includes safety performance?:**  
Yes
- **Have a defined employee involvement plan (i.e., safety committee, feedback program, etc.)?:**  
Yes
- **Have a defined budget for safety?:** No
- **Have a defined incentive and/or recognition program?:** Yes
- **Have an annual self evaluation program?:** Yes
- **Have defined safety meetings?:** Yes
- **Have an inspection and hazard identification program?:** Yes
- **Have a full-time safety manager on staff?:** Yes
- **Have a defined program for the communication of safety-related items (incidents, accidents, successes, program changes, etc.)?:** Yes
- **Have a policy statement that is endorsed by the company president, owner or executive management?:** Yes

## Safety Program Elements

- **Does your company have a head protection program?:** Yes
- **Does your company have an eye protection program?:** Yes
- **Does your company have a fall protection program?:** Yes
- **Does you company have a program in place for maintaining housekeeping?:** Yes
- **Does your company have a fire prevention and protection program?:** Yes

**CONSTRUCTSECURE, INC CONTRACTOR SAFETY ASSESSMENT PROGRAM**  
**Ferma Corporation, Demolition of Buildings & Structures**



- **Does your company have a hazard communication program?:** Yes
- **Does your company have a foot protection program?:** Yes
- **Does your company have a soft-tissue injury prevention program in place (material handling)?:**  
Yes
- **Does your company have an incident and accident-reporting program?:** Yes
- **Does your company have a procedure in place to respond to regulatory agency complaints, inspections and citations?:** Yes
- **Does your company have a signs, signals and barricades program?:** Yes
- **Are your employees EVER required to enter or work around trenches or excavations?:** Yes
- **Are your employees EVER required to use electric-powered tools or equipment, OR do your employees work on or around electrical systems/components?:** Yes
- **Does your company perform work in accordance with NFPA 70E when it is required to work on live electrical components?:** Yes
- **Do your employees EVER work with or use hoisting or rigging equipment such as slings, shackles, cranes, hoisting chains, etc. ?:** Yes
- **Do your employees ever operate motor vehicles as part of their required job duties?:** Yes
- **Do your employees use hand or power tools?:** Yes
- **Do your employees EVER use a ladder?:** Yes
- **Do your employees EVER use rolling staging, supported scaffold, suspended scaffolds, mast-climbing scaffolds or other types of scaffolds?:** Yes
- **Do your employees EVER perform welding, cutting, brazing, soldering, or other flame/spark producing activities?:** Yes
- **Does your company perform steel erection?:** No
- **Does your company have a hearing conservation program in place to protect against noise levels above 90 decibels?:** Yes
- **Are your employees potentially exposed to dust, silica, fumes, mists, vapors or other respiratory hazards?:** Yes
- **Are your employees required to enter manholes, vaults, pits, shafts, trenches, crawl spaces or other confined spaces?:** Yes
- **Are your employees EVER required to use, store or handle oxygen, acetylene, propane, nitrogen or other compressed gasses?:** Yes
- **Does your company have an environmental protection program?:** No
- **Are your employees EVER required to operate or work from boom lifts, scissors lifts, or other aerial lifts?:** Yes
- **Do your employees ever work in places where asbestos-containing material could be present?:**  
Yes
- **Do your employees EVER perform sandblasting operations?:** Yes

**CONSTRUCTSECURE, INC CONTRACTOR SAFETY ASSESSMENT PROGRAM**  
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- **Are your employees required to attend and/or participate in regularly scheduled toolbox talks?:** Yes
- **Are any of your employees required to possess a first-aid or CPR training certification?:** Yes
- **Do your employees ever work in places where lead-based paint or lead-containing materials could be present?:** Yes
- **Does your company have a medical surveillance program for potential exposure to hazardous chemicals, materials or wastes?:** Yes

## **Special Elements**

- **Does your company have a 'return to work' program for employees who have been injured?:** Yes
- **Does your company have a substance abuse policy that prohibits drug and alcohol use?:** Yes
- **Does your company require candidate employees to submit to a drug test before being hired?:** Yes
- **Does your company perform drug and alcohol testing following EVERY employee work-related injury or accident?:** Yes
- **Does your company have a reasonable suspicion drug and alcohol testing program?:** Yes
- **Is your company a member of the OSHA VPP program:** No
- **Is your company a member of the SHARP program:** No
- **Is your company a participant of the OSHA Partnership Program?:** No

## **Uploaded documents**

### **Safety Manual:**

[FERMA\\_IIPP\\_Master\\_2013.pdf](#)  
[IIPP\\_2011\\_FERMA\\_CORPORATION.pdf](#)

### **OSHA 300A Summary Form:**

[2007\\_OSHA\\_Log.pdf](#)  
[2008\\_OSHA\\_Log.pdf](#)  
[2009\\_OSHA\\_Log.pdf](#)  
[2010\\_OSHA\\_Log.pdf](#)  
[2011\\_OSHA\\_Log.pdf](#)  
[CAL\\_OSHA\\_300\\_DEMO\\_FIELD.pdf](#)

### **Insurance EMR Rating:**

[2007\\_EMR.pdf](#)  
[2008\\_EMR.pdf](#)  
[2009\\_EMR.pdf](#)  
[2010\\_EMR.pdf](#)  
[EMR\\_08-12\\_McSherryandHudson-Letters.pdf](#)