



**HIGHWIRE**

# **Safety Assessment**

## **Program for:**

**Thermo Systems LLC**

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. This is a certificate of completion and does not represent approval of use by your hiring partner.

# CERTIFICATE OF ACHIEVEMENT



## GOLD SAFETY AWARD

This acknowledgement certifies that on 03/05/2025

### Thermo Systems LLC

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

### Civil Engineering & Surveying

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

Garrett Burke, *President, Highwire*

### HIGHWIRE

#### Safety Assessment Results

Total Score	89 / 100
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
Advanced Initiatives	5 / 5 points
Program Elements	8 / 10 points
Management Systems	28 / 30 points
Review of Safety Manual	4 points deducted

Safety Account Expires: Nov 16, 2025 Injury/Illness Data Valid Until Feb 1, 2026

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### Division 25 - Integrated Automation

Garrett Burke, President, Highwire

## HIGHWIRE

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Company Information

Company Name	Thermo Systems LLC
Federal EIN	223594854
First Name	Sonali
Last Name	Shah
Email	sonali.shah@thermosystems.com
Telephone	+1 (609) 371-3300
Address 1	84 Twin Rivers Dr.
Address 2	
City	East Windsor
State	New Jersey
Zipcode	08520

Safety Profile

Trade Category	Score
Civil Engineering & Surveying	89
Division 25 - Integrated Automation	89

Discrepancies

Advanced Initiatives

1. Does your company have a 'return to work' program for employees who have been injured?
3. Does your company require candidate employees to submit to a drug test before being hired?
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/Weakness (Civil Engineering & Surveying)

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

<b>Weakness</b>
Points deducted from Safety Documentation

Strengths/Weakness (Division 25 - Integrated Automation)

<b>Strengths</b>
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

<b>Weakness</b>
Points deducted from Safety Documentation

OSHA Experience

Management Systems

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

**Ans:** Yes

**2. Does your company follow a detailed planning process for safety that breaks tasks or activities down into steps, identifies hazards and control measures for each step, identifies responsible parties for implementing controls, and ensures that plans are communicated to the workforce providing task-specific training?**

**Ans:** Yes



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

**Ans:** Yes

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

**Ans:** Yes

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

**Ans:** Yes

**6. <p>Does your company have in incident investigation procedure?</p>**

**Ans:** Yes

**7. <p>Does your company have a defined employee training and development program or process for workforce, foreman/supervisors, and managers?</p>**

**Ans:** Yes

**8. <p>Does your company have a defined process for onboarding new employees?</p>**

**Ans:** Yes

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

**Ans:** Yes

**10. <p>Does your company have a defined employee involvement plan (i.e., safety committee, feedback system/forums, etc.)?</p>**

**Ans:** Yes

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

**Ans:** No

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

**Ans:** Yes

**13. <p>Does your company have an annual self-evaluation program or process?</p>**

**Ans:** Yes

**14. Have defined safety meetings?**

**Ans:** Yes

**15. <p>Does your company have an audit, inspection, and hazard identification and reporting program or process?</p>**



Ans: Yes

16. **<p>Does your company have a full-time, dedicated safety manager? If Yes, please upload the safety manager's relevant safety certifications and/or resume.</p>**

Ans: Yes

17. **<p>Does your company have a defined approach to the communication of safety-related information (incidents, accidents, learning bulletins, etc.)?</p>**

Ans: Yes

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

Ans: Yes

## Program Elements

## Construction Questions

1. **<p>Do you require employees to wear appropriate head protection when accessing active construction sites?</p>**

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

2. **<p>Do you require employees to wear eye protection appropriate to their work tasks/activities?</p>**

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

3. **<p>Does your company have a program, policy, procedure, or safety statement that addresses the hazards associated with work at heights/fall exposures?</p>**

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

4. **<p>Does your company have a program, policy, procedure, or safety statement that addresses maintenance of a clean and orderly work area/housekeeping?</p>**

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

5. **<p>Does your company have a program, policy, procedure, or safety statement that addresses fire prevention and protection?</p>**

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

6. **<p>Does your company have a program, policy, procedure, or safety statement that addresses the communication of chemical hazard information to the workforce?</p>**



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

**7. <p>Do you require employees to wear foot protection appropriate to their work environment?</p>**

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

**8. <p>Does your company have a program, policy, procedure, or safety statement in place that addresses the prevention of soft-tissue injuries (manual material handling, safe lifting techniques, ergonomics, etc.)?</p>**

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

**9. <p>Does your company have a procedure in place to record and coordinate a response to regulatory agency visits, complaints, fines, or violations?</p>**

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

**10. <p>Does your company have an incident and accident reporting procedure?</p>**

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

**11. <p>Does your company have a program, policy, procedure, or safety statement that addresses the use of signs, signals, and guarding/barriers?</p>**

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

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

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

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

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

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

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

**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 do not have a program in place to address this hazard/activity

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

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

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



**aerial lifts, or other mobile elevated work platforms?**

**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:** We do not have a program in place to address this hazard/activity

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

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

**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 do not 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

**36. Does your company perform structural demolition?**

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

## Advanced Initiatives

**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

**10. Have any updates been made to your company's safety programs, policies, procedures, or management systems?**

**Ans:** Yes

**11. Annual Safety Program Update**

**Ans:** check-this-box-to-confirm-that-your-company-s-most-recent-safety-programs-policies-procedures-and-management-systems-have-been-uploaded-to-highwire-

**12. Select 'Agree' below to acknowledge that all safety policies, procedures, and documentation uploaded into the Highwire applications are accurate, were developed in substantial part by your company personnel, and fairly represent how your business will operate at your client's sites, projects, and facilities:**

**Ans:** Agree

**13. Identify the most recent revision date for the safety policies and procedures uploaded in Highwire:**

**Ans:**



2023

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	613108
EMR	.86

2022

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	506888
EMR	0.91

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	348112
EMR	0.89

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	334398
EMR	0.89