



**MATTOCKS-HIGGINS AFFIDAVIT OF WORKPLACE SAFETY**

I, \_\_\_\_\_, do hereby declare the following to be true and accurate to the best of my knowledge.

**I.** Occupational Safety and Health Administration (OSHA)  **has not issued** /  **has issued** any notice or violation against my company, as a sole proprietorship, limited partnership, and/or limited liability partnership/corporation, and/or any affiliated business or subsidiary of which I am an owner, manager, officer and/or director in the last five (5) years.

If you selected “**has issued**”, please disclose the following information:

Company \_\_\_\_\_ Date of Violation \_\_\_\_\_  
Address of Violation \_\_\_\_\_ Total Fines, if any \_\_\_\_\_  
Check if: \_\_\_ Serious \_\_\_ Willful \_\_\_ Repeat \_\_\_ Failure to Abate  
Named violation: \_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_ Date of Violation \_\_\_\_\_  
Address of Violation \_\_\_\_\_ Total Fines, if any \_\_\_\_\_  
Check if: \_\_\_ Serious \_\_\_ Willful \_\_\_ Repeat \_\_\_ Failure to Abate  
Named violation: \_\_\_\_\_  
\_\_\_\_\_

\*\*Attach additional pages if necessary

*If any violations are categorized as Willful or Repeat, affidavit must be accompanied by a copy of the Site Safety Plan for the project seeking permit.*

**II.** Is the company currently on the OSHA Severe Violator Enforcement Program (SVEP) Log?  
 Yes  No

*Companies in the SVEP are not eligible to receive a permit from the City of Boston*

**III.** Company’s Experience Modification Rating: \_\_\_\_\_  
*Available from the MA Workers Compensation Rating and Inspection Bureau*

*The Licensed Contractor must disclose any subcontractor’s OSHA violation history or SVEP designation to the permit reviewing department.*

Signed under penalties of perjury:

\_\_\_\_\_  
Date Name Company

**The Permit Reviewing Authority, or designee, shall have the discretion to issue a stop work order for any open permits and/or deny the issuance of a permit due to failure to disclose any and all OSHA violations or demonstrated history of unsafe, hazardous or dangerous practices.**